AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 257633

1. Entity Name
SIX L'S PACKING COMPANY, INC.

FILED
02 OCT 28 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
315 East New Market Road	P.O. Box 3088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee, Florida	City & State: Immokalee, Florida
Zip: 34142 Country: US	Zip: 34143 Country: US

4. FEI Number: 59-1025845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sheryl A. Weisinger

Street Address (P.O. Box Number is Not Acceptable): 315 East New Market Road

City: Immokalee **FL** Zip Code: 34142

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Sheryl A. Weisinger Sheryl A. Weisinger, President 10/21/02
(Signature, Typed or Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T WEISINGER, SHERYL A. 315 East New Market Road Immokalee, FL 34142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DESSAK, PETER 315 East New Market Road Immokalee, FL 34142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT GUNN, BLAKE 315 East New Market Road Immokalee, FL 34142
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl A. Weisinger Sheryl A. Weisinger, President 239/657-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #