

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90189 010 ***150.00

0586483
 AT

DOCUMENT # 267936

1. Entity Name

TRUE FRESH EGGS, INC.

Principal Place of Business

**4622 GALL BLVD
 P. O. BOX 9005
 ZEPHYRHILLS FL 33539-6005**

Mailing Address

**4622 GALL BLVD
 P. O. BOX 9005
 ZEPHYRHILLS FL 33539-6005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1039202

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINVILLE, DANNY

4622 GALL BLVD

ZEPHYRHILLS FL 33541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LINVILLE, TONY	
STREET ADDRESS	18415 TIMBERLAN DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINVILLE, TIMOTHY	
STREET ADDRESS	37136 LEMON DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LINVILLE, TERRY	
STREET ADDRESS	5215 BERNADETTE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LINVILLE, DANNY	
STREET ADDRESS	5455 PINE BARK LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINVILLE, JAY	
STREET ADDRESS	4623 S RYALS RD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

(813)782-1521

Date

Daytime Phone #

CR2E034 (9/01)