

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 294491

1. Entity Name
GARDEN GOLD FOODS, INC.

Principal Place of Business Mailing Address
GARDEN GOLD FOODS, INC. GARDEN GOLD FOODS, INC.
6177 IVY HILL LANE 6177 IVY HILL LANE
BROOKSVILLE FL 34602 BROOKSVILLE FL 34602

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1583137 Applied For Not Applicable

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

DINGFELDER, SIMON L
6177 IVY HILL LANE
BROOKSVILLE FL 34602

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 PD
NAME DINGFELDER, SIMON L.
STREET ADDRESS 6177 IVY HILL LANE
CITY-ST-ZIP BROOKSVILLE FL 34602 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DINGFELDER, SIMON L.
STREET ADDRESS 6177 IVY HILL LANE
CITY-ST-ZIP BROOKSVILLE FL 34602 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DINGFELDER, SIMON L.
STREET ADDRESS 6177 IVY HILL LANE
CITY-ST-ZIP BROOKSVILLE FL 34602 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE *Simon L. Dingfelder* SECRETARY
SIMON L. DINGFELDER

352-799-1005
1/4/02 Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90010 013 ***150.00

00000387



DO NOT WRITE IN THIS SPACE

68663630 AV

CR2E034 (9/01)