2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

220 E MADISON ST

TAMPA FL 33602

STE 500

530830



1. Entity Name SASSY FRUIT COMPANY



Mailing Address 220 E MADISON ST STE 500 **TAMPA FL 33602** US 3. Mailing Address Suite, Apt. #, etc.

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91297 025 ***150.00

4CCC201T



☐ CHECK HERE IF MAKING CHANGES

City & State City & State Applied For 4. FEI Number 59-1735130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama

MCCALL, RONALD D 220 E. MADISON ST. STE 500 **TAMPA FL 33602**

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

Ci	ty	

Zip Code

8. The above named entity submissing this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ...

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 💥 ☐ Delete TITLE ☐ Addition NAME A MCCALL, RONALD D. NAME 220 E MADISON STY STREET ADDRESS STREET ADDRESS TAMPA FL 33602 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: