

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90354 018 \*\*\*150.00

0079666  
AV

**DOCUMENT # 626274**

1. Entity Name

WITHERSPOON FOODS, INC.

*(Handwritten signature)*



Principal Place of Business  
341 ORANGE WAY  
WEST PALM BEACH FL 33405

Mailing Address  
341 ORANGE WAY  
WEST PALM BEACH FL 33405



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

59-1914352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITHERSPOON, BRUCE W.  
341 ORANGE WAY  
WEST PALM BEACH FL 33405

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
WITHERSPOON, BRUCE W.  
341 ORANGE WAY  
WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WITHERSPOON, BURCE W.  
341 ORANGE WAY  
WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

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

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:

*(Handwritten signature: Bruce W. Witherspoon)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

90145181



## Division of Corporations

### Uniform Business Report

Document Number

626274

Thank you for filing your UBR online. Your report filed date will be today's date if there are no processing errors.

Your confirmation number is **200017592222**.

Your charge amount is **150.00**.

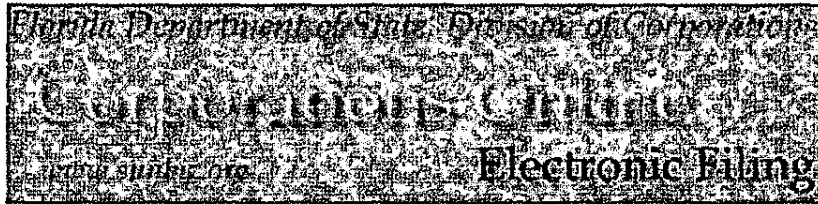
The Division of Corporations is collecting email addresses for the entities that would be interested in participating in an electronic UBR notification. This notification would preclude the use of a mailed document. If you would like to participate, please follow the link below and set up your user profile.

**UBR Email Notification Signup**

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**Sunbiz Home Page**

**Public Access Help**



## Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	\$150.00
Email Address:	sricanati@hotmail.com
Date/Time Paid:	04/30/2003 12:31:40
Payment ID Number:	1174426
Reference Number:	200017592222
<p>Thank you for using the <b>LINK 2 GOV</b> Online Payment System. <b>Print this receipt for your records.</b></p> <p><b>You MUST select continue in order to receive your CONFIRMATION from the State.</b></p>	

[Continue](#)

Jina  
1-850-245-6939

Attachment  
90145181



## Division of Corporations

### Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number **626274**

Tracking Number: **200017592222**

The charge for your UBR is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number/Pin Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

**Continue**

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**Sunbiz Home Page**

**Public Access Help**