

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655936

1. Entity Name

SUN PAC FOODS INTERNATIONAL, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90087 050 ***150.00

Principal Place of Business

U.S. HWY 17 AND SPIRIT LAKE RD.
P.O. BOX 9365
WINTER HAVEN FL 33883-9365

Mailing Address

U.S. HWY 17 AND SPIRIT LAKE RD.
P.O. BOX 9365
WINTER HAVEN FL 33883-9365

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 **59-2059582**

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

FOLKARD, HUGH C.
117 WODEN WAY SE
WINTER HAVEN FL 33880

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, 2000 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 **DP** ☐ Delete
NAME **RIDDELL, JOHN A**
STREET ADDRESS **R R 1 BOLTON**
CITY-ST-ZIP **ONTARIO CA**

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

TITLE **MDF** ☐ Delete
NAME **MCEWAN, VINCENT**
STREET ADDRESS **37 FAIRLAWN AVENUE**
CITY-ST-ZIP **ONTARIO, CANADA**

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS **119 Oxford Street**
CITY-ST-ZIP **Richmond Hill, Ontario, L4C 4L6**

TITLE **VD** ☐ Delete
NAME **FOLKARD, HUGH C.**
STREET ADDRESS **117 WODEN WAY SE**
CITY-ST-ZIP **WINTER HAVEN FL**

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

TITLE **D** ☒ Delete
NAME **KENNY, JAMES C.**
STREET ADDRESS **7 RAVENSBORNE CT**
CITY-ST-ZIP **ONTARIO CA**

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

TITLE **D** ☐ Delete
NAME **KNOWLES, CATHERINE**
STREET ADDRESS **226 CORNER RIDGE ROAD**
CITY-ST-ZIP **AURORA, ONTARIO, CANADA**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. C. Folkard March 22, 2000 (863) 533-0808

Date

Daytime Phone #

CR25034 (9/99)