## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 790854  1. Entity Name						Aug 29, 2001 8:00 am Secretary of State			
FLORIDA SWEET CORN EXCHANGE						08-2	29-2001 90005 0	)22 ****61.2	25
Principal Plac		<del>(     )/</del>							
4401 E COLO P.O. BOX 140 ORLANDO FL	0155	P.O. BO	COLONIAL DR. DX 140155 DO FL 32814-7155		()	 	ı Adıkı ısıdı sırtı dıdı eldi	1 D(B)  B(B)  B(B)	<b>4</b> 11 <b>8</b> 1811 8881
2. Principal F	Place of Business	3. Mailing Address				-			
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.	,		DO NOT WRITE IN THIS SPACE			
City & Stat	te	City	City & State			4. FEI Number 59-0993434 Applied For Not Applicable			
Zip	Country	Zip		Country		5. Certificate of Statu	us Desired	\$8.75 Add	litional
	6. Name and Address of Curren	t Registered	Agent		and attack	7Name and Addres	ss of New Registere		7 / T @ 15 /
المام					Mule	0 Bess			
4401 EAS	um, jay r St colonial drive			Stree	1 .	P.O. Box Number is No	t Acceptable)		
ORLANDO FL 32814				City (	Julino	lo	F	L Zip Code	
8. The above	named entity submits this statement f	or the purpos	e of changing its r	egistered office	or registere	ed agent, or both, in the	e state of Florida.	1000	7
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applica	able. (NOTE:	Registered Agent sig	nature required	when reinstating)	7/24/	<u> </u>	
FILE NOW: FEE IS \$61.25  After September 12, 2001, min. will be \$236.25  9. Election Campa Trust Fund Cor					] 🗆	\$5.00 May Be Added to Fees		ck Payable t nent of State	
10.	OFFICERS AND DI	RECTORS		11.	A	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, THOMAS C. 457 OLD COUNTRY RD W PALM BCH FL		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s			☐ Change	Addition
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP	D THOMPSON, JORG 4401 E COLONIAL DR ORLANDO FL 32814		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SODDERS, MARK 800 MCCLURE ROAD PAHOKEE FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCMALLUM, JAY R 4401 E. COLONIAL DR. ORLANDO FL 32814		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM.	16 D. Bess 401 2 Color Londo FL	unl Oc. 2281	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	a Alain Cita	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

2. 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 617, 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:

SIGNAMINE DEBESSED MIGO BES

7/26/0

(1)-KAN-1361