2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR):

DOCUMENT # 791004 1. Entity Name					FILED				
INTERIOR SEALD-SWEET SHIPPERS, INC.					03 /	IPR 30 AM	111:00		
Principal Place of Business 1991 74TH AVENUE VERO BEACH FL 32966		Mailing Address P.O. BOX 690152 VERO BEACH FL 32969-0152 US		SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number N	OT APPLICAE	[No	plied For t Applicable	
Zíp	Country	Zip	Country		5. Certificate of St		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name Stephanie Street Address (5					Macera		istored Agent		
1991 74TH AVENUE VERO BEACH FL 32966				Street Address (P.O. Box Number is Not Acceptable) 1991 74th Avenue					
				Beach			FL Zip Code 3296		
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									
<i>*</i>	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIRE		11.	A	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete HUNT, FRANK M III 803 NORTH LAKESHORE BOUELVARD LAKE WALES FL 33853		NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 200016969522 04/24/0301074008 **445.00			☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCB FORT, RICHARD A JR. 500 N.E. 5TH STREET FT. MEADE FL 33841	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/C	c		XX Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, CHARLES M JR. 1485 50TH COURT VERO BEACH FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Griffin, Ben Hill IV 1 Bacres Lane Frostproof FL 33843	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, EVERETTE 131 MAGNOLIA STREET WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information cumuliard with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ntion 110 07/2Vi) Ele		☐ 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 of 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 attendent with an address, with an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

Date