2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90083 009 ***150.00

DOCUMENT # 844009

1. Entity Name

TRANSFRESH CORPORATION

629442

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
607 BRUNKEN AVE. P.O. BOX 1788 SALINAS CA 93902	607 BRUNKEN AVE. P.O. BOX 1788 SALINAS CA 93902-1788

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 94-1620943 ☐ 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUGG, JAMES R 607 BRUNKEN AVE. SALINAS CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1020 MERRILL ST. SALINAS, CA. 93901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CED TAYLOR, STEVE 607 BRUNKEN AVE. SALINAS CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1020 MERRILL ST. SALINAS, CA. 93901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS COOK, JEFF 607 BRUNHAM AVE SALINAS CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1020 MERRILL ST. SALINAS, CA. 93901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MELTON, ART 607 BRUNKEN AVE. SALINAS CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1020 MERRILL ST. SALINAS, CA. 93901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCLAUGHLIN, BRIAN 607 BRUNKEN AVE. SALINAS CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1020 MERRILL ST. SALINAS, CA. 93901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 3/8/00 (831) 775-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #