## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G44004** 1. Entity Name SUN-RICH FOODS, INC. Principal Place of Business Mailing Address

## FILED Mar 26, 2001 8:00 am Secretary of State 03-26-2001 90002 004 \*\*\*150.00

Sulle, Apt. P. etc.  Sulle, Ap	1308 CLARE AV WEST PALM BE US	E ACH FL 33401-6908	C/O J.W. KILLEN 1308 CLARE AVENUE WEST PALM BEACH FL 334	01			: 1882)NI BAN BIRNI CIGN BENI BANI	elel elek 1111	ILDII AIDII BISI	ı <b>1</b> 1891 1 <b>13</b> 9
City & State    Cay & State	2. Principal Place of Business		3. Mailing Address							
Country   Zip   Country   Zip   Country   Signature   Set	Suile, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Second   Country   Zip	City & State		City & State			4.	4. FEI Number 59-2292761		<del></del>	
KILLEN, J.W. 7710 7TH LANE LK. WORTH FL 33463  8. The above named entity submits typs statement for the purpose of changing its register  SIGNATURE  SIGNA	Zip	Country	Zip ,	Cour	γ	5. (	Certificate of Status Desired		8.75 Add	itional
KILLEN, J.W. 710 TH LANE LK. WORTH FL 33463  8. The above named entity submits typis statement for the purpose of changing lits register  8. The above named entity submits typis statement for the purpose of changing lits register  9. This corporation is eligible to satisfy the intangible Tax liting requirement and excits to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. Addition  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. Addition  11. Addition  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. Decide	6. Name and Address of Current Registered Agent					7. 1	Name and Address of New R	tegistered A	jent	
Trio TTH LANE  LK. WORTH FL 33463  City FL Zip Code  City FL Zip C					Name					
8. The above named entity submits this statement for the purpose of changing its register of office or registered agent, or both, in the State of Florida.    Signature	710 7TH LANE				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE    Signature   Date   Date   Date					City			FL	Zip Code	9
S. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  The politic production of back)  TITLE POLITIC P	_	JAY M. KILLEN								
Tax filing requirement and elects to do so. (See criteria on back)   Make Check Payable tct.   Sarthment of State   Addidor Fees    11. OFFICERS AND DIRECTORS   12		Signature, typed or printed frame or registered agent a					1			
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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			41-2- FD			in Cartie	110.07(0)() El: Dist 1	I fourth or oc →	fu that that	formation

ppremental 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 siver 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 an address, with all other like empowered. of the corporation or the rec changed, or on an attachme

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR