

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G44004

1. Entity Name

SUN-RICH FOODS, INC.

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90002 004 \*\*\*150.00

Principal Place of Business

1308 CLARE AVE  
WEST PALM BEACH FL 33401-6908  
US

Mailing Address

C/O J.W. KILLEN  
1308 CLARE AVENUE  
WEST PALM BEACH FL 33401

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

59-2292761

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

KILLEN, J.W.  
710 7TH LANE  
LK. WORTH FL 33463

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

JAY M. KILLEN

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!!! FEES \$150.00**  
**After MAY 1, 2001 Fees 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 PD ☐ Delete  
NAME KILLEN, J.W.  
STREET ADDRESS 710 7TH LANE  
CITY-ST-ZIP GREENACRES FL 33463

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

TITLE VP ☒ Delete  
NAME RICH, JAMES S  
STREET ADDRESS 2638 HOMEWOOD RD  
CITY-ST-ZIP W. PALM BEACH FL 33406

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

TITLE VP ☐ Delete  
NAME DELUCA, FRANK  
STREET ADDRESS 5031 50 WAY  
CITY-ST-ZIP W. PALM BEACH, FL. 33415

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

TITLE T/S ☐ Delete  
NAME WELDON, AMY  
STREET ADDRESS 1431 LAKE MANGO WAY  
CITY-ST-ZIP W. PALM BCH., FL 33406

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

JAY M. KILLEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

561-833-5647

Daytime Phone #

CR2E034 (10/00)