

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-17-2003 90611 006 ***150.00

DOCUMENT # **H89387**

1. Entity Name
FOOD TECHNOLOGY SERVICE, INC.

d/b/a "FTSI"



Principal Place of Business
**502 PRAIRIE MINE ROAD
MULBERRY FL 33860
US**

Mailing Address
**502 PRAIRIE MINE ROAD
MULBERRY FL 33860
US**

55038754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2618503**

Applied For
Not Applicable

Zip Country

Zip Country

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

**WILLIAM J. SCHIFINO
201 N. FRANKLIN STREET
SUITE 2700
TAMPA FL 33602-5143**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
HUNTER, RICHARD G
502 PRAIRIE MINE ROAD
MULBERRY FL 33860** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Michael Thomas
447 March Road
Kanata Ontario CA K2K1X8** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNTER, CRAIG
447 MARCH RD
KANATA ONTARIO CA K2K1X8** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D John Sinnott
TGH, PO Box 1289 / 2 Colombia Dr, Rm 8318
Tampa FL 33601 / Tampa FL 33606** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAW, THOMAS J
203 WEST MAIN
EL DORADO AR 71730** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRASER, FRANK
447 MARCH ROAD
KANATA ONTARIO CA K2K1X8** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NICHOLDS, DAVID
447 MARCH RD
KANATA ONTARIO CA K2K1X8** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIS, EW PETE
502 PRAIRIE MINE ROAD
MULBERRY FL 33860** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 to execute this report as required by Chapter 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03

863425-0039

Date

Daytime Phone #

CR2E034 (10/02)

5/2/03