## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## J57450 **DOCUMENT#**

1. Entity Name TRY-FOODS INTERNATIONAL, INC.



## FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90369 009 \*\*\*150.00

Principal Place of Business 207 SEMORAN COMM. PLACE APOKA FL 32703 US				Address EMORAN COMM. PLA 1. FL 32703	4CE				
2. Principal Place of Business				3. Mailing Address			I INDAITIO NEBE TITILI ANNA NIUDI NIII) TNAT RATAI RINAL NEBEL	01811 01011 01011 1201	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				<b>4.</b> FEI Number <b>59-2796639</b>	Applied For Not Applicable	
Zip	Country				Country		5. Certificate of Status Desired Service Research	Additional	
6. Name and Address of Current Registe				itered Agent			7. Name and Address of New Registered Agent		
					Nam	Name			
rozelle, Jr., Harry W				Street Addres			s (P.O. Box Number is Not Acceptable)		
8052 LAUREL RIDGE DRIVE				Ollegt Address			- The Box Manibal to Not Acceptable)		
MOUNT DORA FL 32757									
				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								55.00 May Be Added to Fees	
10.		OFFICERS AND	DIRECTOR	S	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
TITLE	DV			☐ Delete	TITLE		☐ Cha	inge 🔲 Addition	
NAME	BURRELL, DONNA				NAME STREET ADDRE			}	
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NAME	MARINO, I	PATRICIA		L Delete	NAME	207	SEMONAN COMMERCE	inge 🗌 Addition	
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CITY-ST-ZIP	MT. DORA FL 32757			CITY-		TADDRESS ST-ZIP ALEPKA, FL 32703  Change Addition  Addition			
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CITY-ST-ZIP		· · · · ·		<b>&lt;%</b>					
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I nereby 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: