2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # J99200 1. Entity Name 04-18-2002 90426 037 ***150.00 JEDZINIAK FOODS, INC. Principal Place of Business Mailing Address 11628 SW 75TH CIRCLE 11628 SW 75TH CIRCLE OCALA FL 34476 OCALA FL 34476 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2850937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZAORSKI, RICHARD W. Street Address (P.O. Box Number is Not Acceptable) 11628 SW 75TH CIRCLE OCALA FL 34476 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax flling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE Delete TITLE NAME ZAORSKI, RICHARD NAME STREET ADDRESS STREET ADDRESS 11628 SW 75TH CIRLCE CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition DVS ZAORSKI, LINDA P. NAME STREET ADDRESS STREET ADDRESS 11628 SW 75TH CIRCLE CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Addition ... Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or t

SIGNATURE:

REQUIRERichard Zaorski PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-873-4599

Daytime Phone #

Date

FILED