2001	UNIF	ORM	BUSIN	ESS RI	EPORT	(UBR
						,

DOCUMENT # 1400323 1. Entity Name SUNPURÉ PRODUCTS, INC.							SECRETARY OF STATE				
Principal Place of Business 5200 US HWY 98 S LAKELAND FL 33813-4203 US			Mailing Address 5200 US HWY 98 S LAKELAND FL 33813-4203 US				01 APR 24	AM IU: 4	1.		
2. Principal P	lace of Busin		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e ———		City & State			4.	FEI Number 59-28790		No	ot Applicable	<u>;</u>
Zip	Country		Zip	ip Country		5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		Name	7.	Name and Address of Ne	w Registered A	gent		7
LASHKAJANI, HADI B. 5200 US HWY 98 S LAKELAND FL 33813-4203				Street Address (P.O. Box Number is Not Acceptable)							
LAKE	LANU FL	33813-4203							12 2	<u> </u>	
					City FL Zip Code						_
8. The above	named entit	y submits this statement fo	r the purpose of changing its	register	ed office o	r registered aç	gent, or both, in the State of	Florida.			
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signat	ure required when r	reinstating)	DATE			
9. This corpo		ible to satisfy its Intangible						Financing			-
Tax filing requirement and elects to do so (See criteria on back)		After MAY-1, 2001=Fee will be:\$550.00 Make Check Payable to Department of S			10. Election Campaign Trust Fund Contribi			May Be to Fees	-		
11.		OFFICERS AND		12.			DDITIONS/CHANGES TO C	OFFICERS AND	DIRECTORS	S IN 11	١,
TITLE NAME	PTS LASHKAJ	ANI, HADI B	☐ Delete	TITLE NAM					Change	Addition	100
STREET ADDRESS	1600 SUNPURE RD STRE			ET ADDRESS -ST-ZIP	5200	US HWY 98 AND FL 33.	50UTH	_		1	
CITY-ST-ZIP TITLE			TITLE		CAREL	80000 80000	<i>\$/3- 420</i>	J .Changes	Add ilig n	100	
NAME STREET ADDRESS	DAWSON, G. DONALD		E Et address		-04/	/19/011	J1108	-002			
CITY-ST-ZIP	· ·			CITY	-ST-ZIP	1		1252.50			1
TITLE NAME	☐ Delete IIITLI NAM			UICE PRESIDENT Change Addition WILLIAM DUBOSE 5200 US HWY 98 SOUTH							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP	LAKELA	US NW9 78 3 IND FL 3381	0074 13-4203			
TITLE			☐ Delete	TITLE		SEL /TR	ENURSE L J. BAKER	5 1-07	☐ Change	Addition	1
NAME STREET ADDRESS				NAMI STRE	E et address	5200 6	US NIKHUJAH 91	- SOUTH			
CITY-ST-ZIP TITLE			☐ Delete	CITY	-ST-ZIP	LAKELA	NO FL 3381.	3-4203	☐ Change	Addition	1
NAME			□ Delete	NAMI					L Change	☐ Addition	
STREET ADDRESS (CITY-ST-ZIP				1	et address -st-zip						
TITLE	-		Delete	TITLE					□ change	Addition	$ begin{equation} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
NAME STREET ADDRESS CITY-ST-ZIP					: Et address / -st-zip	-		l	/150		
indicated of the corp	on this repor poration or th	t or supplemental report is le receiver or trustee empo	this filing does not qualify for true and accurate and that r owered to execute this report with all other like empowered	ny signat as requi	ure shall h	ave the same	legal effect as it made und	er oath: that I ar	n an officer	or director	1
SIGNAT	URE:	SIGNATURE AND TYPED OR F	TERRELL PRINTED NAME OF SIGNING OFFICER	J. OR DIRECT	BAKE!	2	3-/4-0 Date	Da	-6/9-22 ytime Phone #	22	