2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # L83158 1. Entity Name HUNSADER FARMS, INC. 02-01-2001 90099 023 ***150.00 Principal Place of Business Mailing Address HUNSADER FARMS INC HUNSADER FARMS INC 208 25TH STREET W 208 25TH STREET W **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0202191 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCGUIRE AND PARRY Street Address (P.O. Box Number is Not Acceptable) 1001 - 3RD AVENUE WEST SUITE 600 **BRADENTON FL 34205** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-OFFICERS AND DIRECTORS 12. 11. □ Change ☐ Addition ☐ Delete TITLE TITLE HUNSADER, JOSEPH H. NAME NAME STREET ADDRESS 208 25TH ST. W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change ☐ Addition ☐ Delete TITLE TITLE HUNSADER, MICHAEL T. NAME NAME STREET ADDRESS 6320 205TH ST. E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition ☐ Delete TITLE TITLE HUNSADER, DAVID J. NAME NAME STREET ADDRESS 9904 CHALET CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34202** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete

13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the ecciver or trustee empty changed, or on an attachment with an address, with siting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feet to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if n all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Oseph H. Hunsader 1/17/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC