2003 FOR PROFIT CORPORATION

Jan 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L83158 DOCUMENT # 01-24-2003 90093 042 ***150.00 1. Entity Name HUNSADER FARMS, INC. Principal Place of Business Mailing Address **ԿԱՄՄ** ԱՄԵՐ HUNSADER FARMS INC HUNSADER FARMS INC 6320 205TH ST E 6320 205TH ST E **BRADENTON FL 34211 BRADENTON FL 34211** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0202191 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent HUNSADER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6320 205TH ST E SUITE 600 ---**BRADENTON FL 34211** 8. The above named entity symmits 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 register SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition ☐ Delete TITLE HUNSADER, MICHAEL T. NAMÉ 6320 205TH ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Addition TITLE ☐ Delete TITLE Change HUNSADER, DAVID J. NAME STREET ADDRESS STREET ADDRESS 9904 CHALET CIR. CITY_ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE

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 attac

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED