FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90889 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012091

1. Entity Name

THE FRESH SOURCE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
500 NE 185 STREET		1535 N. PARK DRIVE	
Suite, Apt. #, etc		Suite, Apt. #, etc. SUITE 103	
City & State MIAMI, FL		City & State WESTON, FL	
Zip 33179	Country USA	Zip 33326	Country USA

4. FEI Number 65-0982328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name KARIS WHILLANS

Street Address (P.O. Box Number is Not Acceptable)

16700 SAPPHIRE ISLE

City WESTON FL Zip Code 33331

DO NOT WRITE IN THIS SPACE

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	KARIS WHILLANS	NAME	
STREET ADDRESS	16700 SAPPHIRE ISLE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BRENNAN McSHANE	NAME	
STREET ADDRESS	P.O. BOX 267338	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326-7338	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Karis Whillans 4/30/02 9547976780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #