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**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90050 019 \*\*\*158.75

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000063886**

1. Entity Name  
**FOODPROPS, INC.**

Principal Place of Business  
**WEKIVA BUSINESS CENTER**  
**1428 E SEMORAN BLVD. #200**  
**APOPKA FL 32703**

Mailing Address  
**WEKIVA BUSINESS CENTER**  
**1428 E SEMORAN BLVD. #200**  
**APOPKA FL 32703**

95253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 113

# 113

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-372938

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**  
**Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRISH, MARILYN E**  
**1711 FAIRHAVEN CT**  
**APOPKA FL 32712**

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Marilyn E Irish, [ ] Delete**  
**1711 Fairhaven Court**  
**Apopka, Fla. 32712**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/02 (407) 884-0290**

Date

Daytime Phone #

CHFE034 (9/01)