FILED
Jun 30, 2003 8:00 am
Secretary of State
05-05-2003 91162 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092334

55050277

1. Entity Name
A & T. FOODS, INC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9448 W. COLONIAL DR.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCOEE FL. 34761-6800	City & State
Zip / Country	Zip / Country: USA

4. FEI Number: 75-3080111 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALVIN G. KRUSE

Street Address (P.O. Box Number is Not Acceptable): 989 WELCH HILL CIRCLE

City: APOPKA FL Zip Code: 32712

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alvin G. Kruse Pres. Alvin G. Kruse 6/8/03
(Signature, types or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

January 1st thru May 1st Fee is $150.00
After May 1st Fee is $400.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	ALVIN KRUSE
STREET ADDRESS	989 WELCH HILL CIRCLE
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VICE PRESIDENT
NAME	THOMAS BEACH
STREET ADDRESS	522 HUNT CLUB BLVD
CITY-ST-ZIP	APOPKA FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E134B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03 407 298-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #