

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91183 035 \*\*\*150.00

<b>DOCUMENT #</b> P02000103844	
1. Entity Name PLANTATION SPECIALTY FOODS, INC.	

Principal Place of Business 1401 CR 830 FELDA FL 33930	Mailing Address P O BOX 128 FELDA FL 33930
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55038933



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 143 Suite, Apt. #, etc.
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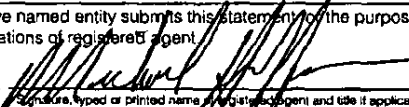
☒ CHECK HERE IF MAKING CHANGES

City & State Felda, FL	City & State Felda, FL
Zip 33930	Country USA

4. FEI Number 32-0042701	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent SOLIS, ANDREW I 1101 5TH AVE S, STE 301 NAPELS FL 34102
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7. Name and Address of New Registered Agent Name Michael Huffman Street Address (P.O. Box Number is Not Acceptable) 1401 C.R. 830 City Felda FL Zip Code 33930
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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  Signature, typed or printed name of registered agent and title if applicable.	Michael Huffman President/CEO 4/18/03 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Michael Huffman 1401 C.R. 830 Felda, FL 33930 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Michael Huffman 4/18/03 (863) 675-1234 Date Daytime Phone #
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CR2E034 (10/02)