

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 028 ***150.00

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DOCUMENT # P92000011481

1. Entity Name
BR FOODS, INC.



Principal Place of Business
**1715 BARTOW RD
LAKELAND FL 33801
US**

Mailing Address
**16602 VILALENDA DE AVILA
TAMPA FL 33613
US**

11033923



2. Principal Place of Business

3. Mailing Address

225 E. Lemon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

215

City & State

City & State

Lakeland

Zip

Country

Zip

Country

33801

FL

4. FEI Number

59-3155151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REID, BRUCE E
1715 BARTOW RD
LAKELAND FL 33801**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REID, BRUCE E**
CITY-ST-ZIP **16602 VILALENDA DE AVILA
TAMPA FL 33613**

TITLE ☒ Change ☐ Addition
NAME **Reid, Bruce E.**
STREET ADDRESS **855 Bayshore Blvd**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REID, ROSEMARY W**
CITY-ST-ZIP **16602 VILALENDA DE AVILA
TAMPA FL 33613**

TITLE ☒ Change ☐ Addition
NAME **Reid, Rosemary W**
STREET ADDRESS **855 Bayshore Blvd**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

BRUCE E. REID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2003

Date

863-686-0545

Daytime Phone #

CR2E034 (10/02)