2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ

TYPED OR PRINTED NA

FILED Jan 29, 2001 8:00 am DOCUMENT # P93000045476 **Secretary of State** 1. Entity Name 1 K & R FARMS PRODUCE, INC. 01-29-2001 90140 047 ***150.00 Principal Place of Business Mailing Address 2601 S ORANGE BLOSSOM TRAIL 2601 S ORANGE BLOSSOM TRAIL VILV ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3188004 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADFORD, CARTER A Street Address (P.O. Box Number is Not Acceptable) 600 E COLONIAL DR., S-310 ORLANDO FL 32803 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2F034 (10.00) PSD ☐ Change TITLE TITLE ☐ Delete KELLY, OVA F NAME NAME STREET ADDRESS STREET ADDRESS 225 HAMMOCK DUNES CITY-ST-7IP CITY-ST-7IP ORLANDO_FL Addition vptd TITLE ☐ Delete TITLE ☐ Change ROBERTS, GARY S. NAME NAME STREET ADDRESS 106 BISMARK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCOEE FL ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.