

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90087 021 ***150.00

DOCUMENT # P93000049700

1. Entity Name
JUNCTION FOODS, INC.

Principal Place of Business

**5775 S.R. 580
 HAINES CITY FL 33844**

Mailing Address

**5775 S.R. 580
 HAINES CITY FL 33844**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3191496**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, GERALD
 5775 S R 580
 HAINES CITY FL 33844**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **D TAYLOR, GERALD W**
 STREET ADDRESS **221 N. 30TH STREET**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☐ Delete
 NAME **D HINES, GLENN W**
 STREET ADDRESS **221 N. 30TH STREET**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

8-26-02/83-421-2257

Attachment

978079

P93000049700

August 24, 2002

Per my telephone call to you today
this letter is to advise you we
did not receive a 2002 Unifarm
Business Report prior to the current
one inclosed - As informed by your
office person I am enclosing our
check # 5673 for \$150.00 instead of
the \$50.00. Sorry for the delay but
we have had mail stolen in the
past - Possibly this is what happened to
the previous form.

Sincerely

