2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 10, 2000 8:00 am DOCUMENT # **P93000062493** 1. Entity Name Secretary of State INTERNATIONAL FOOD GROUP, INC. 03-10-2000 90039 018 ***150.00 Mailing Address Principal Place of Business 2401 WILLAMETTE DRIVE 2401 WILLAMETTE DRIVE SUITE 240 SUITE 240 PLANT CITY FL 33566-7173 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FE! Number 59-3197975 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANCATO, JOSEPH Address (P.O. Box Number is I 267 LELY BEACH BLVD **BONITA SPRINGS FL 34134** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!-FEE.IS.\$150.00 10.-Election Campaign-Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Addition TITLE □ Delete TITLE Blancato, Joseph 267 Barefoot Beach Blud, Suite 601 BLANCATO, JOSEPH NAME NAME STREET ADDRESS 267 LELY BEACH BLVD., SUITE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** Change ■ Addition ☐ Delete TITLE TITLE NAME WRIGHT, BERRY NAME 2401 WILLAMETTE DR. #240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete