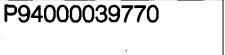
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



| 1. Entity Name PITA FARMS, INC. | | | | | | 04-17-2003 90148 022 ***150.00 | | | | | | |
|--|---------------------------------------|--|------------------|---|------------------------|--------------------------------|---|---------------------------------------|------------|--------------------------|------------------------------|--|
| 104100 OVERSEAS HWY P.O. | | | P.O. | lailing Address O. BOX 1392 EY LARGO FL 33037 | | | | | | | | |
| 2. Principal Place of Business 3. Mailin | | | | ling Address | | | - | | | | | |
| Suite, Apt. #, etc. S | | | Suit | uite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City | City & State | | | 4. F | El Number 65-0499240 | | | pplied For lot Applicable | |
| Zip | | Country | Zip | | Count | try | 5 . C | Certificate of Status Desired | | \$8.75 Ac Fee Require | | |
| | 6. Name | and Address of Current | Register | ed Agent | | | 7. N | ame and Address of New Reg | gistered / | Agent | | |
| Stoner, Brian | | | | | Name | | | | | | | |
| • | | HOLINAN | | | | Street Address (| (P.O. Bo | ox Number is Not Acceptable) | | | | |
| | VERSEAS I | | | | | | | | | | | |
| KEY LARG | iO FL 3303 | 7 | | | | | | | | | | |
| | | | | | | City | | | FL | Zip Cod | de | |
| the obligat | named entiti ions of regis | y submits this statement for tered agent, | or the purp | pose of changing its | registere | d office or register | red age | ent, or both, in the State of Florid | da. I am | familiar with | , and accept | |
| SIGNATURE . | | | | | | | | | | | | |
| GIGITATIONE . | Signature, typed | or printed name of registered agent | and title if app | plicable. (NOT | E: Registered | Agent signature required | d when rei | nstating) | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Election Campaign Final Trust Fund Contribution. | | | 00 May Be d to Fees | | |
| 10. | | OFFICERS AND | DIRECTO |)RS | 11. | | ADI | DITIONS/CHANGES TO OFFIC | ERS AND | DIRECTOR | RS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STONER, 894 ELLEI KEY LARG | | | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - 4 - | • . | ☐ Delete | TITLE NAME STREE | - | <u>ر</u> د سبب | · · · · · · · · · · · · · · · · · · · | - | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | સ્ત્ર પ્રશ્ને હૈંદ કે હો | | ☐ Delete | | 1 | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | • | l l | | - | | ☐ Change | ☐ 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 employered 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:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #