

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000069818**

1. Entity Name

FRESH FARM PRODUCTS, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90099 043 ***150.00

0473697

Principal Place of Business
2710 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US

Mailing Address
P.O. BOX 1513
APOPKA FL 32704-1513

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3270817**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
AYERS, ROBERT T
5442 MT. PLYMOUTH RD.
APOPKA FL 32712

7. Name and Address of New Registered Agent
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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	AYERS, ROBERT T	5442 MT. PLYMOUTH RD.	APOPKA FL	<input type="checkbox"/>
SD	MASSARO, PETER T	1327 GROVE ST.	APOPKA FL	<input type="checkbox"/>
VD	SMITH, EDWARD	2219 MCMAHON COURT	ORLANDO FL 32812	<input type="checkbox"/>
TD	FULS, LARRY L	4921 TAM DR	ORLANDO FL 32808	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert T. Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/31/01 Daytime Phone # 407-649-4222

CR2E034 (10/00)