2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 05, 2002 8:00 am 8 Secretary of State DOCUMENT # P94000069818 1. Entity Name FRESH FARM PRODUCTS, INC. Principal Place of Business Mailing Address 2710 N. ORANGE BLOSSOM TRAIL P.O. BOX 1513 ORLANDO FL 32804 APOPKA FL 32704-1513 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State ` 59-3270817 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AYERS, ROBERT T Street Address (P.O. Box Number is Not Acceptable) 5430 MT. PLY MOUTH 5442-MT-PLYMOUTH RD. APOPKA FL 32712 Zip Code City 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. 3-30-05 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 12. 11. Change ☐ Delete TITLE NAME AYERS, ROBERT T NAME 6430 MT. PLY MOUTH RD STREET ADDRESS 5442 MT. PLYMOUTH RD. STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME MASSARO, PETER T NAME STREET ADDRESS STREET ADDRESS 1327 GROVE ST. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Change Addition ☐ Delete TITLE TITLE **VD** SMITH-EDWARD-STREET ADDRESS STREET ADDRESS 2219 MCMAHON COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 ☐ Change ☐ Addition TITLE ☐ Delete TITLE TD FULS, LARRY L NAME NAME 4921 TAM DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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.

3-900J

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