2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P95000021778 1. Entity Name MR. FRUIT, INC. 02-29-2000 90156 044 ***150.00 Mailing Address Principal Place of Business TACORRECT 4275 STEED TERRACE 4275 STEED TERRACE WINTER PARK FL 32792 WINTER PARK FL 32792-7629 3. Mailing Address 4276 STEED TERRALE 2. Principal Place of Business 4276 STEED TERRACE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State PARK, FL 4. FEI Number 59-3301831 Not Applicable Country \$8.75 Additional Certificate of Status Desired 32792 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent RITCHIE, MARTIN A Street Address (P.O. Box Number is Not Acceptable) 11310 S ORANGE BLOSSOM TRAIL SUITE 191 ORLANDO FL 32837 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change Addition TITLE RITCHIE. MARTIN A NAME NAME 11310 S ORANGE BLOSSOM TRAIL, SUITE 191 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Addition ☐ Delete TITLE TITLE MOCH, TOM NAME NAME 11310 S ORANGE BLOSSOM TRAIL, SUITE 191 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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