## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000020052

Country

6. Name and Address of Current Registered Agent

1. Entity Name

TRUESHOT PRODUCE SYSTEMS, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

Mailing Address

P.O. BOX 2297 LAKELAND FL 33806 P.O. BOX 2297 LAKELAND FL 33806-2297

3. Mailing Address

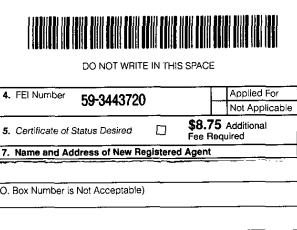
City & State

Suite, Apt. #, etc.

## FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90074 023 \*\*\*150.00

1.0073330



BURT, GEORGE R JR. 215 MCDONALD STREET LAKELAND FL 33806

	Street Address (P.O. Box Number is Not Acceptable)				
	City		FL	Zip Code	
٠,	ed office or registered a	grent, or both, in the State of Florida			_

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, Newsor printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

Country

Name

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 TIT! F ☐ Change Addition ☐ Delete BURT, GEORGE R JR NAME 215 MC DONALD ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33803 ☐ 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 CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS 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 two 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 twister an ownered 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 appears with all other like appeared.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

904 754 1329

Daytime Phone #

R2E034 (9/99)