

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 017 ***150.00

DOCUMENT # P97000090446

1. Entity Name
R N C FOODS, INC.



Principal Place of Business
**2630 NE 20TH STREET
POMPANO BEACH FL 33062
US**

Mailing Address
**2630 NE 20TH STREET
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

**2900 W Sample Road
Suite, Apt. #, etc.
F1160**

City & State
Pompano Beach FL

Zip
33073

Country

3. Mailing Address

**2900 W Sample Rd
Suite, Apt. #, etc.
F1160**

City & State
Pompano Beach FL

Zip
33073

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0792287**

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STABILE, JOHN
2630 NE 20TH STREET
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name **John Stabile**
Street Address (P.O. Box Number is Not Acceptable)
2630 NE 20th St
City **Pompano Beach** FL Zip Code **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STABILE, JOHN**
STREET ADDRESS **2630 NE 20TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **VPS** ☐ Delete
NAME **STABILE, CYNTHIA**
STREET ADDRESS **2630 NE 20TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

Date

954 968-8030

Daytime Phone #

CR2E034 (10/02)