**FILED** 

## 2003 FOR PROFIT CORPORATION

## Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P97000104346 DOCUMENT # 1. Entity Name 04-17-2003 90647 018 \*\*\*150.00 A1A FOODS, INC. Principal Place of Business Mailing Address 48 WEST 6TH STREET 48 WEST 6TH STREET 70042632 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address 3255 Parker Drive 3255 Parker Drive Suite, Apt. #, etc. Suite, Apt. #, etc. ☑ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3487122 St. Augustine, St. Augustine, FLNot Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 32084 32084 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Renfroe, Josh Street Address (P.O. Box Number is Not Acceptable) RENFROE, JOSH **48 WEST 6TH STREET** 3255 Parker Drive ATLANTIC BEACH FL 32233 Zip Code 32084 City St Augustine 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. 19 SIĞNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition Delete TITLE TITLE PD NAME RENFROE, JOSH NAME Renfroe, Josh STREET ADDRESS 48 WEST 6TH STREET STREET ADDRESS 3255 Parker Drive ATLANTIC BEACH FL 32233 CITY-ST-ZIP CITY-ST-ZIP St. Augustine, FL 32084 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete - --TITLE~ - = 🖃 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 repert 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 of 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 n attachment

SIGNATURE:

REGUIREGOSH Renfroe YPED OR PRINCED NAME OF SIGNI