

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90091 031 ***150.00

DOCUMENT # P98000035519

1. Entity Name

RICK JORGENSEN FOODS, INC.

Principal Place of Business

Mailing Address

14555 SOUTHERN BLVD.
 LOXAHATCHEE FL 33470-9921

13252 71ST PL. N.
 WEST PALM BEACH FL 33412-1408

2. Principal Place of Business

3. Mailing Address

Same as above

12374 72nd Ct. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

City & State

FL

Zip

Country

Zip

33412

Country

USA

4. FEI Number

65-0835308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORGENSEN, RICK

~~13252 71ST PL. N.~~

WEST PALM BEACH FL 33412

*12374 72nd Ct N
 WEST PALM BEACH,
 FL 33412*

Name

Same as at left

Street Address (P.O. Box Number is Not Acceptable)

12374 72nd Ct. N.

WEST PALM BEACH

City

FL

Zip Code

33412

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.

CH 554 / 4/10/00

SIGNATURE

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

9. 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

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JORGENSEN, RICK S	
STREET ADDRESS	13252 71ST PLACE N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORGENSEN, EMMY LU M	
STREET ADDRESS	13252 71ST PLACE N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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

Date

Daytime Phone #

561-795-6878
4/10/00

CR2E034 (9/99)