

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90468 047 ***150.00

DOCUMENT # P98000035519

1. Entity Name

Rick Jorgensen Foods, Inc

DO NOT WRITE IN THIS SPACE

80068669

2. Principal Place of Business

14555 Southern Blvd

3. Mailing Address

12374 72nd CTN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

West Palm Bch FL

4. FEI Number

65-0835308

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

33412

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jorgensen, Rick

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

12374 72nd CT N

City

West Palm Bch

FL

Zip Code

33412

**DO NOT WRITE
IN THIS SPACE**

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, 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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P Jorgensen, Rick S
NAME
STREET ADDRESS 12374 72nd CT N
CITY-ST-ZIP West Palm Bch, FL 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Jorgensen, Emmy Lu M
NAME
STREET ADDRESS 12374 72nd CT N
CITY-ST-ZIP West Palm Bch, FL 33412

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/5/02 561-723-4319

Date

Daytime Phone #

CR2E034B (12/01)