

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90289 008 ***150.00

DOCUMENT # P98000035519



1. Entity Name
RICK JORGENSEN FOODS, INC.

Principal Place of Business
**14555 SOUTHERN BLVD.
LOXAHATCHEE FL 33470-9921**

Mailing Address
**12374 72ND CT N
WEST PALM BEACH FL 33412
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0835308**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

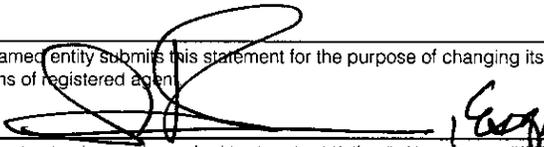
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORGENSEN, RICK
12374 72ND CT N
WEST PALM BEACH FL 33412**

Name **SCOTT KRAMER, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
6650 W. Indiantown Rd.
Suite 200
City **Jupiter** FL Zip Code **33458**

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  **Scott Kramer**

DATE **2/13/03**

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**

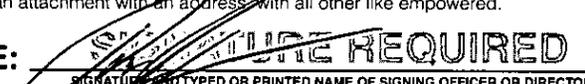
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JORGENSEN, RICK S	
STREET ADDRESS	12374 7TH COURT N	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORGENSEN, EMMY L M	
STREET ADDRESS	12374 7TH COURT N	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)