2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069239 1. Entity Name INTERNATIONAL FRUIT PRODUCTS, INC.				FILED 03 SEP -9 PM 2: 23
Principal Place of Business 6906-18TH AVE WEST		Mailing Address 6906-18TH AVE WEST		SECRETARY OF STATE TALLAHASSEE, FLORIDA
BRADENTON FL 34209		BRADENTON FL 34209		
2. Principal Place of Business		3. Mailing Address		1 1981/23 (16 18/4) 18/11 28/11 38/11 38/11 38/12 38/12 19/13 19/13 19/13
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0854934 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
GIODDAN	U TURKIN -		Name - C	Ebest W.F.SS
GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET Street Address (P.C.				(P.O. Box Number is Not Acceptable)
TAMPA FL.33802			690	6-18th Are. West
			City Rvo	denton FL Zip Code 34209
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 \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P FISS, HERBERT W 6906 - 18TH WEST BRANDENTON FL 34209	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000228853
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	ermy that the information supplied with on this report or supplemental report is	this tiling does not qualify for true and accurate and that m	the exemption stated in Se by signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director

SIGNATURE:

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.

GNATURE:

GNATURE:

44 - 742 - 244 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR