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

DOCUMENT # \$ 980000 83548 F +S Enterprises orange Park, Inc.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90978 042 ***150.00

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| 2. Principal Place of Business | | 3. Mailing Address 33)3 Dactmoor Dc | | | - | 8° 7' | | | |
| 1045 Blading Blvd. Suite, Apt. #, etc. STE. 205 | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State Office Prick FL | | City & State Tal Vahassee FL | | | | El Number 7-3537921 | Applied For Not Applicable | | |
| Zip 32065 | Country USA | Zip 323)2 | Country Lean USA | | | | Fee Required | | |
| | | | | Name 🔿 | | ne and Address of Current Regi | stered . | Agent | |
| DO NOT WRITE | | | | Caylon Fruit | | | | | |
| DO NOT WRITE | | 2012 2012 2013 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | IN THIS SI | PACE | | | | | | | |
| | | | | | hassee | | FL | Zip Code 323(2 | |
| The above named the obligations of | | for the purpose of changing | its registere | d office or regis | tered agé | nt, or both, in the State of Florida. | I am far | miliar with, and accept | |
| danganana | 169 N | - CITE | | • | | | | | |
| SIGNATURE | a, typed or printed name of rightered ager | ont and title if applicable, (N | | Agent signature requ | ired when rein | nstating) | DATE | · | |
| After Ame | 1 - May 1 Fee Is \$150.00 May 1, Fee is \$550.00 inded UBR is \$61.25 ble to Florida Department (| | | | - | 9. Election Campaign Financin Trust Fund Contribution. | ng 🗆 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS ANI | S SOSSESSES CANADA | | Se sa Plan de darrie de Reille | a or or a comment | The second secon | n of the control of the delication | and the second s | |
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| NAME CO. | thy Fruit | | NAME | T ADDRESS | | | | [| |
| | 3 Dortmoor Dr. 10HOSSEL FL 32312 | | 100 | ST-ZIP | | | Mark Market Co. | | |
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| NAME | | | NAME | 新 第 | erio Cristillo di Grandi | | Market St. | | |

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 on an attachment with an address, with all other like error effect.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EFRUIT

Davtima Phone #