2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am 5 Secretary of State 2 03-05-2002 00000 000 P98000100052 **DOCUMENT #** 1. Entity Name K-TRON OF FLORIDA, INC. Principal Place of Business Mailing Address 1130 SO. POWERLINE RD. STE.103 1128 S POWERLINE RD **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 1128 S. Powerline Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Described Applied For 4. FEI Number City & State 65-0893353 Beach FL Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired USE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURDOCH, ROBERT E ESQ. Street Address (P.O. Box Number is Not Acceptable) 790 EAST BROWARD BLVD., STE. 400 FT. LAUDERDALE FL 33301 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change Change TITLE ☐ Delete TITLE PASQUARELLI, FRANCO NAME 1128 S. Powerline Road NAME 1130 SO. POWERLINE RD., STE. 103 STREET ADDRESS STREET ADDRESS Deerfield Reach FL 33442 **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this hing 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 an other like empowered.

CR2E034 (9/01)