AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000162

FILED
02 OCT 28 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SWG PACKING CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
315 East New Market Road	P.O. Box 3088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee, Florida	City & State: Immokalee, Florida
Zip: 34142 Country: US	Zip: 34143 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-1379910 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sheryl A. Weisinger

Street Address (P.O. Box Number is Not Acceptable): 315 East New Market Road

City: Immokalee **FL** Zip Code: 34142

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: Sheryl A. Weisinger Sheryl A. Weisinger, President DATE: 10/21/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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	D/P/S/T
NAME	WEISINGER, SHERYL A.
STREET ADDRESS	315 East New Market Road
CITY-ST-ZIP	Immokalee, FL 34142
TITLE	V
NAME	DESSAK, PETER
STREET ADDRESS	315 East New Market Road
CITY-ST-ZIP	Immokalee, FL 34142
TITLE	AT
NAME	GUNN, BLAKE
STREET ADDRESS	315 East New Market Road
CITY-ST-ZIP	Immokalee, FL 34142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	10/28/02--01033--010 **61.25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	900008605299 10/28/02--01033--010 **61.25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	TO

CR2E034B (12/01)

3. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl A. Weisinger Sheryl A. Weisinger, President 239/657-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #