

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004499

1. Entity Name

T & R FOODS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90105 005 ***150.00

Principal Place of Business

Mailing Address

5505 SW 127 AVE
 MICANOPY FL

5505 SW 127 AVE
 MICANOPY FL 32667-3157

2. Principal Place of Business

143 E. Noble Ave.

3. Mailing Address

143 E. Noble Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williston, FL

City & State

Williston, FL

Zip

32696

Country

Zip

32696

Country

4. FEI Number

59-3553086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MYERS, CHRIS
 5505 SW 127 AVE
 MICANOPY FL

4 Correct

7. Name and Address of New Registered Agent

Name T & R Foods, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 143 E. Noble Ave.

City Williston

FL

Zip Code 32696

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
 NAME MYERS, CHRIS
 STREET ADDRESS 5505 SW 127 AVE
 CITY-ST-ZIP MICANOPY FL

TITLE D ☐ Delete
 NAME MYERS, STEPHANIE
 STREET ADDRESS 5505 SW 127 AVE
 CITY-ST-ZIP MICANOPY FL

TITLE D ☐ Delete
 NAME MYERS, MAUREEN
 STREET ADDRESS 5628 SW 104 TERR
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-00 (352) 528-5225

CR2E034 (9/99)