

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90028 010 ***150.00

DOCUMENT # P99000004499

1. Entity Name
T & R FOODS, INC.

Principal Place of Business

143 E. NOBLE AVE
WILLISTON FL 32696

Mailing Address

143 E. NOBLE AVE
WILLISTON FL 32696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

143 E. Noble Ave.

Suite, Apt. #, etc.

3. Mailing Address

143 E. Noble Ave.

Suite, Apt. #, etc.

City & State

Williston, FL

Zip 32696

Country US

City & State

Williston, FL

Zip 32696

Country US

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

7. Name and Address of New Registered Agent

Name Chris Myers

Street Address (P.O. Box Number is Not Acceptable)

5505 SW 127th Ave.

City Micapony

FL

Zip Code 32697

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, 2002 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	<input type="checkbox"/> Delete
NAME	MYERS, CHRIS	
STREET ADDRESS	5505 SW 127 AVE	
CITY-ST-ZIP	MICANOPY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, STEPHANIE	
STREET ADDRESS	5505 SW 127 AVE	
CITY-ST-ZIP	MICANOPY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, MAUREEN	
STREET ADDRESS	5628 SW 104 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephanie T. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

CR2E034 (9/01)