## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#	P99000020707

1. Entity Name

SIGNATURE:

PRINCE HOSPITALITY FOODS, INC.



## FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90117 013 \*\*\*158.75

				<b>′</b>			
i ·	ce of Business RLO BRONSON HWY L 34746	Mailing Address 2835 FLORIDA PLAZA BLVI KISSIMMEE FL 34746	D.		111 8 111 8 110 110 110 110 110 110 110		
2. Principal F	Place of Business	3. Mailing Address	rlo Bronson	, , , , , , , , , , , , , , , , , , , ,	831 <b>46</b> 11 <b>60</b> 11 1161 9611 1861		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.29	7 · J	E IF MAKING CHANGES	i	
City & Stat	е	City & State	e FL	4. FEI Number 59-3560139	] <u>-</u>	pplied For ot Applicable	
Zip	Country	34746	Country	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent		1
			Name	ا الامتدادين و المدانها متحد			
3	', Charles D St irlo Bronson Hwy		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	E FL 34746		3110		· 301 11009		
MOSIMIME	E FL 34/40		Surt	e-#129	7-0-		
				immer	FL \\\^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	
<ol><li>8. The above the obligat</li></ol>		the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Fi	orida. I am familiar with,	and accept	ĺ
SIGNATURE .	( Karlie U. 1	Ludle			4/10/02	5	
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable, NOTE:	Registered Agent signature requir	red when reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign F Trust Fund Contribution	~	OO May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change	Addition	8
NAME STREET ADDRESS	HUNDLEY, CHARLES D	D/ #400	NAME			ļ	100
CITY-ST-ZIP	5770 West Irlo Bronson HW   Kissimmee Fl 34746	1, #129	STREET ADDRESS CITY-ST-ZIP				8
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	certify that the information supplied with	this filling done not qualify for		Paction 110 07/2\/i\ Florido Statutos	further partification	nformatic -	
indicated	on this report or supplemental report is	true and accurate and that my	z cionaturo chall have the	seema lanel effect se if made under	nath: that I am an officer	or director	
changed,	poration or the receiver or trustee empo or on an attachment with an address, i	with all other like emit a Ared.	s required by Chapter 60	n, rionda Statutes; and that my ham	e appears in Block 10 of	I BIOCK 11 II	

R DIRECTOR