2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000053171

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: FROZEN AND REFRIGERATION FOODS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 1733 PO BOX 1733

LAND O, FL 34639 LAND O LAKES, FL 34639

Current Mailing Address: New Mailing Address:

PO BOX 1733 PO BOX 1733

LAND O, FL 34639 LAND O LAKES, FL 34639

FEI Number: 59-3582375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST, TRENA POLLOCK, TRENA 25326 OAKS BLVD 3612 STABLE RIDGE LANE

LAND O LAKES, FL 34639 LAND O, FL 34639 US

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: TRENA A. POLLOCK 04/29/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ARGEROS, JOHN LAMBERSON, LINDA Name: Name: PO BOX 22889 PO BOX 22889 Address: Address: City-St-Zip: TAMPA, FL 33622 City-St-Zip: TAMPA, FL 33622

Title: DV Title: DΡ () Delete (X) Change () Addition

DYER, LINDA Name: Name: DYER, LINDA

5908 BRECKENRIDGE PKY 5908 BRECKENRIDGE PKY Address: Address: TAMPA, FL 33610 TAMPA, FL 33610

City-St-Zip: City-St-Zip:

Title: DST Title: (X) Change () Addition () Delete DST LONGSTRETH, RICK PLOOR, RICK Name: Name:

710 OAKFIELD #114 5908 BRECKENRIDGE PKY Address: Address:

City-St-Zip: BRANDON, FL 33511 City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA DYER DP 04/29/2002