

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091742

1. Entity Name

BIG DADDY PRODUCE INC

Principal Place of Business

Mailing Address

8683 SAWPINE RD.
DELRAY BEACH FL 33446

8683 SAWPINE RD.
DELRAY BEACH FL 33446

2. Principal Place of Business

3. Mailing Address

20 S.W. 27th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33069

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISLIN, DREW
8683 SAWPINE RD.
DELRAY BEACH FL 33446

Name

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

City

FL

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KISLIN, DREW
STREET ADDRESS 8683 SAWPINE RD.
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

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

TITLE ST
NAME KISLIN JODI
STREET ADDRESS 8683 SAWPINE RD.
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Drew Kish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DREW KISHIN

Date

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90063 023 ***150.00

60017143



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)