

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90044 035 ***150.00

DOCUMENT # S46473

1. Entity Name
JENARD FRESH INCORPORATED

Principal Place of Business

1318 BRIERCLIFF DR
ORLANDO FL 32806

Mailing Address

1318 BRIERCLIFF DR
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3064627

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANEZA, GARY R.
1318 BRIERCLIFF DR
ORLANDO FL 32806

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CANEZA, GARY R**
STREET ADDRESS **1318 BRIERCLIFF DR**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **D** ☐ Delete
NAME **CANEZA, ANDREW R**
STREET ADDRESS **930 SWEETWATER CLUB DR**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☒ Change ☐ Addition
NAME **950 SWEETWATER CLUB DR**
STREET ADDRESS **LONGWOOD, FL 32779**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITSON, SUSAN C.**
STREET ADDRESS **605 SMOKERISE BLVD.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☒ Change ☐ Addition
NAME **315 EAST LAKE BRANTLEY DR**
STREET ADDRESS **LONGWOOD, FL 32779**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUDDENDORFF, ANN C.**
STREET ADDRESS **624 SOMKERISE COURT**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☒ Change ☐ Addition
NAME **307 EAST LAKE BRANTLEY DR**
STREET ADDRESS **LONGWOOD, FL 32779**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ABIDE, JANE C**
STREET ADDRESS **225 MONTORGY ISLE N.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

407-851-9432

Date

Daytime Phone #

CR2E034 (9/01)