

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90007 028 ***158.75

DOCUMENT # V53028

1. Entity Name

TAG'S PRIDE PRODUCE CORP.

Principal Place of Business

~~27033 W. MILLER RD.~~
27535 MILLER RD.
DADE CITY FL 33525
US

Mailing Address

~~27533 W. MILLER ROAD~~
27535 MILLER RD.
DADE CITY FL 33525
US

2. Principal Place of Business

27535 Miller Rd
 Suite, Apt. #, etc.

3. Mailing Address

27535 Miller Rd.
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3134537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LEONARD H
37837 MERIDIAN AVE.,S TE 314
DADE CITY FL 33525

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **KRIG, HAROLD A., JR.**
 CITY-ST-ZIP **27535 MILLER ROAD**
DADE CITY FL

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **KRIG, MICHAEL A**
 CITY-ST-ZIP **26619 TIM TOM PLACE**
WESLEY CHAPEL FL 33544

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **KRIG, MARY JUANITA**
 CITY-ST-ZIP **27535 MILLER RD**
DADE CITY FL 33525

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **KRIG, Michael A**
 CITY-ST-ZIP **26619 Tim Tam Pl**
Wesley Chapel, FL 33544

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

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

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

1-9-02

CR2E034 (9/01)