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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68133

1. Entity Name

The Horseradish, Inc.

FILED
04 MAY -2 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15150 Golden Point Lane	15150 Golden Point Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country:	Zip: 33414 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0356304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: R. Greg Smith
Street Address (P.O. Box Number is Not Acceptable): 215 Fifth Street
Suite 200
City: West Palm Beach FL Zip Code: 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: R. Greg Smith 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Jill R. Soderqvist
STREET ADDRESS	15150 Golden Point Lake
CITY-ST-ZIP	Wellington, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800036273228
05/13/04--01067--005 **300.00

REINSTATEMENT 03-04

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jill R Soderqvist 4-29-04 561-7982142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Enclosed is a check for $300

Please Re-instate our corporation and waive the late fee, if possible. We did not receive the renewal and probably because we moved our business from 11924 W. Forest Hill Blvd Wellington, Fl 33414

to

15150 Golden Point Ln. Wellington, Fl 33414

over a year ago.

Thank you for the consideration

Joe Schuyler