2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90080 026 ***150.00

DOCUMENT # 643798

1. Entity Name

CEE-BEE PRODUCE, INC.

Principal Place of Business	Mailing Address
1401 S.R. 15 PO BOX 575 BELLE GLADE FL 33430	1401 S.R. 15 PO BOX 575 BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 431 S E 2nd Street	Suite, Apt. #, etc.: P. O. Box 575
City & State: Belle Glade, Florida	City & State: Belle Glade, Florida
Zip: 33430 Country: Palm Beach	Zip: 33430 Country: Palm Beach

4. FEI Number 59-2031324 ☐ 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
CUNNINGHAM, MIKE 1401 S.R. 15 PO BOX 575 BELLE GLADE FL 33430	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUNNINGHAM, MICHAEL 1401 SR 15, P.O. BOX 575 BELLE GLADE, FL 00000 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 431 S E 2nd Street, P O Box 575 Belle Glade, FL 33430
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CUNNINGHAM, JILL H. 1401 SR 15 P.O. BOX 575 BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 431 S E 2nd Street, P O Box 575 Belle Glade, FL 33430
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CR2E034 (9/99)

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] Mike Cunningham- President 4-13-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #