


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90067 045 ***150.00

DOCUMENT # F93000001401

1. Entity Name
DRISCOLL STRAWBERRY ASSOCIATES, INC.



Principal Place of Business
P.O. BOX 50045
WATSONVILLE CA

Mailing Address
P.O. BOX 50045
WATSONVILLE CA



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	CFO	<input type="checkbox"/> Delete
NAME	RODRIGUES, ALBINO	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	REITER, J M	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRISCOLL, THOMAS	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYLES, CHARLES	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MILLER, CLINTON	
STREET ADDRESS	345 WESTRIDGE DRIVE	
CITY-ST-ZIP	WATSONVILLE CA 95077	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reiter, Garland	
STREET ADDRESS	345 Westridge Dr., Watsonville, CA	
CITY-ST-ZIP	95077	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeFeo, Neil P.	
STREET ADDRESS	345 Westridge Dr., Watsonville, CA	
CITY-ST-ZIP	95077	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ledin, Larry D.	
STREET ADDRESS	345 Westridge Dr., Watsonville, CA	
CITY-ST-ZIP	95077	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ford, Keith	
STREET ADDRESS	345 Westridge Dr., Watsonville, CA	
CITY-ST-ZIP	95077	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Uyematsu, Richard N.	
STREET ADDRESS	345 Westridge Dr., Watsonville, CA	
CITY-ST-ZIP	95077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE Albino Rodrigues **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (831) 763-3209

CR2E034 (10/02)