

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90031 041 \*\*\*150.00

**DOCUMENT # F94000002709**

1. Entity Name  
**ECOSCIENCE PRODUCE SYSTEMS CORP.**

Principal Place of Business <b>4300 L.B. MCLEOD ROAD          SUITE C          ORLANDO FL 32811          US</b>	Mailing Address <b>P. O. BOX 3228          ORLANDO FL 32802-3228          US</b>
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2. Principal Place of Business <b>153 Sabal Palm Drive</b>	3. Mailing Address <b>153 Sabal Palm Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Longwood FL</b>	City & State <b>Longwood FL</b>	4. FEI Number <b>62-1567091</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32779</b>	Country <b>US</b>	Zip <b>32779</b>	Country <b>US</b>

6. Name and Address of Current Registered Agent <b>STORY, DIRK D          4300-C L B MCLEOD ROAD          ORLANDO FL 32811</b>	7. Name and Address of New Registered Agent Name <b>Lucie Grant</b> Street Address (P.O. Box Number is Not Acceptable) <b>153 Sabal Palm Drive</b> City <b>Longwood</b> FL Zip-Code <b>32779</b>
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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 *Lucie Grant* DATE **4/24/00**

Signature, typed or printed name of registered agent and file 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STORY, DIRK D. 4300-C L.B. MCLEOD RD ORLANDO FL 32811</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior VP, CFO Kenneth Hollander 10 Alvin Court East Brunswick NJ 08816</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RYAN, DAVID 10 ALVIN COURT E BRUNSWICK NJ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior VP David Holwinski 10 Alvin Court East Brunswick NJ 08816</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DEGIGLIO, MICHAEL 10 ALVIN COURT E BRUNSWICK NJ</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JOANNIDI, HAROLD A 10 ALVIN COURT E BRUNSWICK NJ</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: **4/19/00** 732-432-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)