2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # G58226** J & J PRODUCE, INC. 02-14-2000 90008 027 ***150.00 Principal Place of Business Mailing Address 6796 LANTANA RD 6796 LANTANA RD LAKE WORTH FL 33467-6581 LAKE WORTH FL 33467 66619274 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied 15 City & State City & State 4. FEI Number 59-2526074 Not A. Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERNESTON, JAMES A 6796 LANTANA RD Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 Carrier of Berling Breeze 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) FILE NOW!!! FEE IS \$150.00 ___ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP Change Addition TITLE ☐ Delete TITLE **ERNESTON. JAMES A** NAME NAME STREET ADDRESS STREET ADDRESS 915 BEAR ISLAND CIRCLE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Change Addition ☐ Delete TITLE Erneston, Chris III 5617 Whirlaway Rd. Palm Beach gardens, Fl 33418 TITLE **ERNESTON. CHRIS III** NAME STREET ADDRESS 8596 BEACONHILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP-PALM BEACH GARDENS FL 33410 TITLE Delete TITLE ERNESTON, ANNA MARIA NAME NAME STREET ADDRESS 915 BEAR IALAND CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME (NAME STREET ADDRESS 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

2-7-2000 56/-965-/2/2