

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

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90140 002 ***150.00

DOCUMENT # *958226*

1. Entity Name

J.J. Produce Inc



DO NOT WRITE IN THIS SPACE

30035499

2. Principal Place of Business

6196 Lantana Rd

Suite, Apt. #, etc.

3. Mailing Address

6196 Lantana Rd

Suite, Apt. #, etc.

City & State

Lake Worth, Fla

Zip

33467

Country

USA

City & State

Lake Worth, Fla

Zip

33467

Country

USA

DO NOT WRITE IN THIS SPACE

59-2536074

4. FEI Number

59-2536074

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Erneston, James A

Street Address (P.O. Box Number is Not Acceptable)

6196 Lantana Rd

City

Lake Worth

FL

Zip Code

33467

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

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 *DP*
NAME *Erneston, James A*
STREET ADDRESS *1941 Portage Landing South*
CITY-ST-ZIP *North Palm Beach, Fla-33408*

TITLE *VP*
NAME *Erneston, Chais III*
STREET ADDRESS *8840 Oakham Road*
CITY-ST-ZIP *West Palm Beach, Fla 33412*

TITLE *S/T*
NAME *Erneston, Anna Maria*
STREET ADDRESS *1941 Portage Landing South*
CITY-ST-ZIP *North Palm Beach, Fla-33408*

TITLE
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IN THIS SPACE**

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

James Erneston (Anna Maria Erneston) *2-17-03* *561-965-1212*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)