## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # L44197 1. Entity Name **Secretary of State** PACIFIC COLLIER FRESH COMPANY Principal Place of Business Mailing Address 925 NEW HARVEST RD PO BOX 413038 IMMOKALEE FL NAPLES FL34142 34101 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0191339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOUKONEN EVERETT D LOUKONEN EVERETT D 1320 N 15TH ST Street Address (P.O. Box Number is Not Acceptable) 1320 N 15TH ST **SUITE 200** IMMOKALEE FL34142 US City Zip Code IMMOKALEE 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. 04/30/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition LOUKONEN EVERETT D. MAME NAME STREET ADDRESS 1320 N 15T ST STREET ADDRESS CITY-ST-ZIP IMMOKALEE. FL 34142 CITY-ST-ZIP CD ☐ Delete TITLE CD X Change ☐ Addition NAME COLLIER BARRON NAME COLLIER BARRON STREET ADDRESS 2600 GOLDEN GATE PARKWAY STREET ADDRESS 2600 GOLDEN GATE PARKWAY CITY-ST-ZIP NAPLES $\mathbf{FL}$ CITY-ST-ZIP NAPLES FL34105 ☐ Delete TITLE X Change ☐ Addition MARINELLI NAME MARINELLI PAUL STREET ADDRESS 2600 GOLDEN GATE PARKWAY STREET ADDRESS 2600 GOLDEN GATE PARKWAY CITY-ST-ZIP NAPLES FLCITY-ST-ZIP NAPLES FL. 34105 ☐ Delete TITLE D Change ☐ Addition FALK HARRY J. NAME FALK HARRY H. STREET ADDRESS 925 NEW HARVEST RD STREET ADDRESS 925 NEW HARVEST RD CITY-ST-ZIP IMMOKALEE 34142 CITY-ST-ZIP IMMOKALEE. 34142 FL. TITLE TD Delete TITLE ☐ Change ☐ Addition ENGLISH J. EDWIN NAME STREET ADDRESS 925 NEW HARVEST RD STREET ADDRESS CITY-ST-ZIP IMMOKALEE 34142 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ESFORMES JOSEPH E. NAME STREET ADDRESS 925 NEW HARVEST RD STREET ADDRESS CITY-ST-ZIP IMMOKALEE CITY-ST-ZIP 34142 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.

04/30/2001

Date

Daytime Phone #

SIGNATURE: PAUL J. MARINELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR