

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91350 044 ***150.00

DOCUMENT # **P01000113672** ✓
1. Entity Name
J. DANIEL PRODUCE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1178 JOSEPHINE COURT
Suite, Apt. #, etc.

3. Mailing Address
1178 JOSEPHINE COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SEBRING, FLORIDA

City & State
SEBRING, FLORIDA

Zip
33870

Country
HIGHLANDS

Zip
33870

Country
HIGHLANDS

4. FEI Number
58-2664635

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

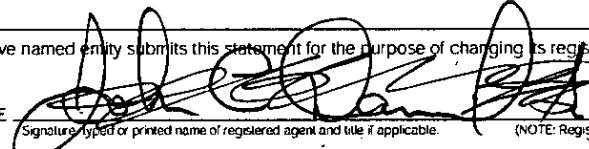
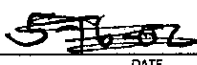
Name
LOUIS BENEVIDES

Street Address (P.O. Box Number is Not Acceptable)
184 N.E. LAKEVIEW DRIVE, Suite 2

City
SEBRING

FL Zip Code
33870

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) DATE

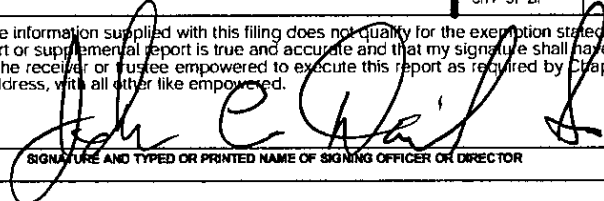
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHN C. DANIEL, SR ROUTE 1, BOX 7 DAMASCUS, GA 31741	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5-16-02 954-325-4931**

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

CR2E034B (12/01)