

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

04-28-2003 90161 025 ***150.00

DOCUMENT # P98000082918

1. Entity Name
GONZALEZ PRODUCE, INCORPORATED



Principal Place of Business
**3001 EAST HILLSBOROUGH AVE.
TAMPA FL 33675**

Mailing Address
~~12707 LOVERS LANE
RIVERVIEW FL 33569~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 310600

Suite, Apt. #, etc.

City & State
Tampa, FL

4. FEI Number **59-3541470**

Applied For
 Not Applicable

Zip **33680** Country

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

6. Name and Address of Current Registered Agent

GONZALEZ, JOSE
~~12707 LOVERS LANE
RIVERVIEW FL 33569~~
**P.O. Box 310600
Tampa, FL 33680**
2804 E. Mcberry St. - TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] **Gonzalez** Date: **4-23-03** Daytime Phone: **813-967-2020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)