

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-20-2003 90334 001 ***300.00

DOCUMENT # S50312

1. Entity Name
PEACE RIVER CITRUS PRODUCTS, INC.



Principal Place of Business
**4104 NW HIGHWAY 72
ARCADIA FL 34266
US**

Mailing Address
**P.O. BOX 730
ARCADIA FL 34265
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0262599**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEILL, RICHARD V.
NEILL GRIFFIN JEFFRIES & LLOYD
311 SOUTH 2ND ST.
FT. PIERCE FL 34950**

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

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

| | |
|---|---------------------------------|
| TITLE - NAME D BECKER, R. WILLIAM 144 ANCHOR DRIVE VERO BEACH FL | <input type="checkbox"/> Delete |
| TITLE - NAME VP PLYMALE, BARTON M. 1503 NORTH ARCADIA AVENUE ARCADIA FL 33821 | <input type="checkbox"/> Delete |
| TITLE - NAME VT TAYLOR, ANDREW 18600 MISTY LANE DRIVE JUPITER FL 33458 | <input type="checkbox"/> Delete |
| TITLE - NAME S MCGUIRE, SUSAN 1107 NORTH ARCADIA AVENUE ARCADIA FL 33821 | <input type="checkbox"/> Delete |
| TITLE - NAME VP BECKER, MARY ANN 144 ANCHOR DRIVE VERO BEACH FL | <input type="checkbox"/> Delete |
| TITLE - NAME V MURRAY, L 5505 FT PIERCE BLVD FT PIERCE FL 34951 | <input type="checkbox"/> Delete |

| | |
|---|--|
| TITLE - NAME P BECKER, R. WILLIAMS 141 ANCHOR DRIVE VERO BEACH, FL 32963 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE - NAME ASST. T VITALE, GREGG 25206 ROSAMOND COURT PUNTA GORDA, FL 33983 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 RECEIVED ANDREW R. TAYLOR 2-14-03 778-467-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)