


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90070 027 ***150.00

DOCUMENT # 132726	
1. Entity Name INDIAN RIVER PACKING COMPANY	

Principal Place of Business 4790 N OLD DIXIE HWY VERO BEACH FL 32967	Mailing Address PO BOX 846 VERO BEACH FL 32961-0846
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0385920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNES, JR T M 4790 N OLD DIXIE HWY P O BOX 846 VERO BEACH FL 32967		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE : PTD <input type="checkbox"/> Delete	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, THOMAS M JR	NAME	NAME	NAME
STREET ADDRESS 5100-20TH ST. P.O. BOX 846 NA	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP VERO BEACH FL 32961	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE : VS <input type="checkbox"/> Delete	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPARKS, SALLY	NAME	NAME	NAME
STREET ADDRESS 1886 4TH LANE	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP VERO BEACH FL 32962	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE : <input type="checkbox"/> Delete	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE : <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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: <u>THOMAS M. BARNES, JR.</u>	1/3/03	(772) 562-3535
Date Daytime Phone #		

CR2E034 (10/02)