

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90153 026 ***550.00

DOCUMENT # 136062

1. Entity Name
TUXEDO FRUIT COMPANY

Principal Place of Business
1110 N 2ND STREET
PO BOX 1017
FT PIERCE FL 34954

Mailing Address
1110 N 2ND STREET
PO BOX 1017
FT PIERCE FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0488623**

☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTTO, JOHN A.
1110 N. 2ND ST.
FORT PIERCE FL 34950

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]* **6/30/03**
Signature typed or printed name of registered agent and title, if 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTO, ANTHONY M. 1110 N 2ND ST FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTTO, JOHN A. 1110 N 2ND ST FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTTO, JOSEPH G. 1110 N 2ND ST FT PIERCE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POHL, ALAN R. 1110 N 2ND ST FT PIERCE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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]* **7/31/03** **772 464-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)