2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

YALAHA FL 34797

P. O. BOX 8

DOCUMENT # 138451 1. Entity Name

FLORIDA FRUIT COMPANY

Principal Place of Business

9235 HWY 48

YALAHA FL 34797



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90136 005 ***150.00

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2. Principal Place of Business		3. Mailing Address		- 100497 14000 14191 10141 91684 91681 1401 91914 91911 01911 01914 91611 91915
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee-Required
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
BOUIS, FRANK S. 9235 HWY 48			Name Street Addre	ss (P.O. Box Number is Not Acceptable)
P. O. BOX 8 YALAHA FL 34797			City	Zip Code
8. The above the obligation of the obligation of the state of the stat	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered		g its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
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 Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUIS,FRANK S 9235 HWY 48 YALAHA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	STD BOUIS, C.I	☐ Delete	TITLE NAME	☐ Change ☐ Addition

TITI STREET ADDRESS STREET ADDRESS 9235 HWY 48 CITY-ST-ZIP CITY-ST-ZIP <u>Yalaha Fl</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR