## **2001 UNIFORM BUSINESS REPORT (UBR)**

Suite, Apt. #, etc.

City & State

## DOCÚMENT # 159171

1. Entity Name

Suite, Apt. #, etc.

City & State

GROWERS MARKETING SERVICE INC

Principal Place of Business

3825 S. FLORIDA AVE
P. O. BOX 2595
P. O. BOX 2595
LAKELAND FL 33813-1109

2. Principal Place of Business

3. Mailing Address

## FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90059 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

59-0608658

4. FEI Number

|  |   |                             |  | Not Applicable  |  |  |
|--|---|-----------------------------|--|---|--|--|
| Zip  | Country   | Zip                         | Country  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |  |  |
|  | 6. Name and Address of Current F                              | tegistered Agent            |  | 7. Name and Address of New Registered Agent                       |  |  |
| WARD JR,W R<br>3825 S. FLORIDA AVE<br>LAKELAND FL 33801  |   |                             | Name Street Address  | Name Street Address (P.O. Box Number is Not Acceptable)           |  |  |
|  |   |                             | City   | Zip Code  |  |  |
| 8. The above   | named entity submits this statement for                       | the purpose of changing it  | s registered office or regis   | tered agent, or both, in the State of Florida.                    |  |  |
| SIGNATURE _  | Signature, typed or printed name of registered agent a        | nd title if applicable. (NC | TE: Registerec Agent signature requ  | ired when reinstating) DATE                                       |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) |   | After MAY 1, 2              | /!!! FEE IS \$150.00<br>001 Fee will be \$550.0<br>able to Department of S |   |  |  |
| 11.  | OFFICERS AND  | DIRECTORS                   | 12.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PT<br>Ward, W R, JR<br>2390 Brandon Road<br>Lakeland FL 33803 | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | ☐ Change ☐ Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-SI-ZIP                                      | ☐ Change ☐ Addition   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | ☐ Change ☐ Addition   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | ☐ Change ☐ Addition   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | ☐ Change ☐ Addition   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | ☐ Change ☐ Addition   |  |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

863-644-2414

Daytime Phone #