

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90675 032 ***150.00

DOCUMENT # 197088

1. Entity Name
BARNEY RYALS FRUIT COMPANY, INC.



Principal Place of Business
**513N. KEPHER RD.
DELAND FL 32724
US**

Mailing Address
**513 N KEPLER ROAD
DELAND FL 32724**



2. Principal Place of Business

1192 Glen Falls Rd

3. Mailing Address

1192 Glen Falls Rd.

Suite, Apt. #, etc.

Deland, FL 32720

Suite, Apt. #, etc.

Deland, FL 32720

City & State

USA

City & State

USA

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0784055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RYALS, BARNELL
513 N KEPLER ROAD
DELAND FL 32720**

7. Name and Address of New Registered Agent

Name

Ryals, Barnell

Street Address (P.O. Box Number is Not Acceptable)

1192 Glen Falls Rd

Deland,

City

FL

Zip Code

32720

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

TITLE: **P** ☐ Delete
NAME: **RYALS, BARNELL**
STREET ADDRESS: **513 N. KEPLER ROAD**
CITY-ST-ZIP: **DELAND FL**

TITLE: **VP** ☐ Delete
NAME: **RYALS, MARTHA**
STREET ADDRESS: **513 N KEPLER ROAD**
CITY-ST-ZIP: **DELAND FL**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☒ Change ☐ Addition
NAME: **Ryals, Barnell**
STREET ADDRESS: **1192 Glen Falls Rd.**
CITY-ST-ZIP: **Deland, FL 32720**

TITLE: **VP** ☒ Change ☐ Addition
NAME: **Ryals, martha**
STREET ADDRESS: **1192 Glen Falls Rd.**
CITY-ST-ZIP: **Deland, FL 32720**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

386 736 6494

Daytime Phone #

CR2E034 (10/02)