

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90214 047 ***150.00

DOCUMENT # 251877

1. Entity Name
UNITED PRODUCE OF PINELLAS, INC.



Principal Place of Business
**1830 3RD AVE. S.
ST. PETERSBURG FL 33712**

Mailing Address
**2413 CAROLINA
TAMPA FL 33629
US**

2. Principal Place of Business
2413 S. CAROLINA AVE

3. Mailing Address
2413 S. CAROLINA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA FL

Zip
33629

Country
U.S.A.

Zip
33629

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0937833**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALENTI, THOMAS A.
2413 CAROLINA
TAMPA FL 33629**

Name
VALENTI, THOMAS A.
Street Address (P.O. Box Number is Not Acceptable)
2413 S. CAROLINA AVE.
City
TAMPA FL Zip Code
33629

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 *Thomas A. Valenti* **THOMAS A. VALENTI SEC. TRES.** 1/8/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **VALENTI, THOMAS A**
STREET ADDRESS **2413 CAROLINA**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **STD** ☒ Change ☐ Addition
NAME **VALENTI, THOMAS A.**
STREET ADDRESS **2413 S. CAROLINA AVE.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☐ Delete
NAME **VALENTI, JOSEPH D**
STREET ADDRESS **2105 S HESPERIDES ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☒ Change ☐ Addition
NAME **VALENTI, JOSEPH D.**
STREET ADDRESS **4415 W. DALE AVE.**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **TD** ☐ Delete
NAME **VALENTI, RUSSELL A**
STREET ADDRESS **3510 N SAN MIGUEL**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **VD** ☒ Change ☐ Addition
NAME **VALENTI, RUSSELL A**
STREET ADDRESS **2311 W. MORRISON AVE. APT # 22**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PD** ☐ Delete
NAME **SCHALK, LISA V**
STREET ADDRESS **3618 SAN LUIS ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **P** ☒ Change ☐ Addition
NAME **SCHALK, LISA V.**
STREET ADDRESS **3618 W. SAN LUIS ST.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Thomas A. Valenti* **THOMAS A. VALENTI SEC. TRES** 1/8/03 813-204-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)