

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 252569
1. Entity Name
PRODUCE, INC.

FILED

02 OCT 28 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
315 East New Market Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3088
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Immokalee, Florida
Zip
34142
Country
US

City & State
Immokalee, Florida
Zip
34143
Country
US

4. FEI Number
59-0997358
Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Sheryl A. Weisinger
Street Address (P.O. Box Number is Not Acceptable)
315 East New Market Road
City
Immokalee FL Zip Code **34142**

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.

SIGNATURE *Sheryl A. Weisinger* **Sheryl A. Weisinger, President** **10/21/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P/S/T	WEISINGER, SHERYL A.	315 East New Market Road	Immokalee, FL 34142				
V	DESSAK, PETER	315 East New Market Road	Immokalee, FL 34142				
AT	GUNN, BLAKE	315 East New Market Road	Immokalee, FL 34142				

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address which is all other like empowered.

SIGNATURE: *Sheryl A. Weisinger* **Sheryl A. Weisinger, President** 239/657-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/01)