

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90035 002 ***150.00

0418838
 AV

DOCUMENT # 285778

1. Entity Name

RUSKIN VEGETABLE CORPORATION

Principal Place of Business

**5909 N. TAMIAMI TRAIL
 APOLLO BEACH FL 33572
 US**

Mailing Address

**PO BOX 669
 RUSKIN FL 33570
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0430666

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

**BUTLER, W.L.
 807 RUSSELL DRIVE
 PLANT CITY FL 33566**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **MOOSO, GALEN D**
 STREET ADDRESS **1006 VENTANA DR**
 CITY-ST-ZIP **RUSKIN FL 33573**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Reynolds, GARY**
 STREET ADDRESS **PO Box 1317, 708-19th Ave NE**
 CITY-ST-ZIP **Ruskin, FL 33570**

TITLE **VDM** ☐ Delete
 NAME **BUTLER, W.L.**
 STREET ADDRESS **807 RUSSELL DR**
 CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **STD** ☐ Delete
 NAME **FULLER, TERESSA G**
 STREET ADDRESS **4722 LIGHTERWOOD WAY**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4722 Lighterwood Way**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MULLINS, WESLEY G**
 STREET ADDRESS **407 SHELL PT RD. E.**
 CITY-ST-ZIP **RUSKIN FL 33570**

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

TITLE **D** ☐ Delete
 NAME **MINNIEAR, SEAN**
 STREET ADDRESS **PO BOX 669**
 CITY-ST-ZIP **RUSKIN FL 33570**

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

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

TERESSA G FULLER 4/29/02 8136451390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)