


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91842 033 ***150.00

DOCUMENT # 285778
1. Entity Name
Ruskin Vegetable Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5909 Hwy 41 North
Suite, Apt. #, etc.

3. Mailing Address
PO Box 669
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ruskin FL

City & State
Ruskin, FL

Zip
33575

Country
USA

4. FEI Number
59-0430666

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
William L Butler

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

City
Plant City FL

Zip Code
33563

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee Is \$150.00
After May 1, Fee Is \$550.00
Amended UBR Is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Gary Reynolds 3120 Stagecoach Trail Wimauma, FL 33598	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D William L Butler 807 Russell Drive Plant City, FL 33563	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Wesley Mullins 407 E Shell Point Dr Ruskin, FL 33570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Teressa Fuller 4722 Kightwood Way Valrico, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sean Minniear 13806 Ogakor Dr Riverview, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teressa Fuller
Teressa Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

813-645-1390
Daytime Phone #

CR2E034B (12/02)