

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90375 025 ***150.00

DOCUMENT # 323961

1. Entity Name
ORANGE BARN FRUIT COMPANY INC



Principal Place of Business
160 LAMONT ROAD
FT PIERCE FL 34947

Mailing Address
160 LAMONT ROAD
FT PIERCE FL 34947



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 **59-1233203**

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

CARLTON, REUBEN W
160 LAMONT ROAD
FORT PIERCE FL 34947

Name **Margaret H. Carlton**
Street Address (P.O. Box Number is Not Acceptable)
160 Lamont Road
City **Ft. Pierce** **FL** Zip Code **34947**

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 *Margaret H. Carlton*
Margaret H. Carlton

(NOTE: Registered Agent signature required when reinstating)

DATE

01-23-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **CARLTON, REUBEN WAYNE**
STREET ADDRESS **3782 MCCARTY RD**
CITY-ST-ZIP **FT. PIERCE FL 34-9947**

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

TITLE **PSD** ☐ Delete
NAME **CARLTON, MARGARET**
STREET ADDRESS **160 LAMONT RD**
CITY-ST-ZIP **FORT PIERCE FL 34947**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Margaret H. Carlton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-03

Date

772-461-6649

Daytime Phone #

CR2E034 (10/02)