2002 UNIFORM BUSINESS REPORT (UBR)

Jul 23, 2002 8:00 am 359929 DOCUMENT # **Secrétary of State** 1. Entity Name 07-23-2002 90336 049 ***550.00 GERBER DAIRY, INC. Principal Place of Business Mailing Address 2607 GERBER DAIRY ROAD PO BOX 2116 WINTER HAVEN FLA 33880 WINTER HAVEN FL 33883 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1293385 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name- -GERBER, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 260 LAKE MCLEOD DR WINTER HAVEN FL 33880 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GERBER, DANIEL S NAME NAME 260 LAKE MC LEDD DR. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CUTY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition GERBER, JULETTE NAME NAME 260 LAKE MC LEDD DR. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete - Addition TITLE ☐ Change GERBER, WILLIAM J. NAME NAME 2607 GERBER DAIRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

Daytime Phone #

FILED