941-938-2929

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 19, 2001 8:00 am **DOCUMENT # 441131 Secretary of State** 1. Entity Name WOLFER PRODUCE, INC. 01-19-2001 90032 029 ***150.00 Principal Place of Business Mailing Address 10760 METRO PKWY..S.E. 10760 METRO PKWY..S.E. FT. MYERS FL 33912 FT. MYERS FL 33912 3. Mailing Address' 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1550127 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, SMOOT J. Street Address (P.O. Box Number is Not Acceptable) 7907 PAT BLVD. TAMPA FL 33615 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILSON, OLIN W NAME NAME 10760 METRO PKWY., S.E. STREET ADDRESS STREET ADDRESS FT MYERS, FL 00000 33912 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change WILSON, SMOTT J NAME NAME 7907 PAT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 00000 33912 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition SHERWOOD, ERNEST F." NAME NAME 10760 METRO PKWY SE STREFT ADDRESS STREET ADDRESS FT MYERS FL 33912 CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 affloowered