

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90217 042 \*\*\*150.00

**DOCUMENT # 441131**

1. Entity Name  
**WOLFER PRODUCE, INC.**



Principal Place of Business  
**10760 METRO PKWY., S.E.  
FT. MYERS FL 33912**

Mailing Address  
**10760 METRO PKWY., S.E.  
FT. MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1550127**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WILSON, SMOOT J.  
7907 PAT BLVD.  
TAMPA FL 33615**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**10760 METRO PKWY., S.E.**  
City **FORT MYERS, FL** FL Zip Code **33912**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **VD WILSON, OLIN W**  
STREET ADDRESS **10760 METRO PKWY., S.E.**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD WILSON, SMOOT J**  
STREET ADDRESS **7907 PAT BLVD**  
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **10760 METRO PKWY., S.E.**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE  Delete  
NAME **STD SHERWOOD, ERNEST F.**  
STREET ADDRESS **10760 METRO PKWY SE**  
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Ernest F. Sherwood* **Ernest F. Sherwood** 1-6-03 S.T.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)