2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

458549 **DOCUMENT #**

1. Entity Name

NORMAN WARREN HARVESTING, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90115 050 ***150.00

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Principal Place of Business 330 WEST LAKE OTIS DRIVE WINTER HAVEN FL 33880 Mailing Address 330 WEST LAKE OTIS DRIVE WINTER HAVEN FL 33880									
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 5	9-1539803		No	olied For Applicable
Zip	Country	Zip	Count	try	5. Certificate of St		U	\$8.75 Add Fee Required	
	6. Name and Address of Curren	nt Registered Agent			_7Name and Add	Iress of New Re	gistered A	igent -	<u> </u>
	البيد المستر معييد التصفيد والمعقد لا المدمسين الأراران			Name			_		
	LAKE OTIS DRIVE		,	Street Addres	s (P.O. Box Number is	Not Acceptable)			
WINTER H	AVEN FL 33880			City			FL	Zip Code	•
					tered agent or both in	the State of Flor		amiliar with	and accept
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of chang	ling its register	ed office or regis	tered agent, or both, in	alo olalo ol i io			
SIGNATURE -			MOTE Desired				DATE		
÷	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature requ	ired when reinstating)				
FI	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	0	(NOTE: Hegistere	ad Agent signature requ	9. Electio Trust F	n Campaign Fina und Contribution	٦. [Added	May Be to Fees
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Interest certify triature information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Finding does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Finding does not 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:

OFFICER OR DIRECTOR

Daytime Phone #