

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 469994

1. Entity Name

D & V CITRUS SALES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4889 North Federal Hwy

Suite, Apt. #, etc.

P. O. Box 1148

City & State

Vero Beach, FL

Zip

32961-1148

Country

3. Mailing Address

4889 North Federal Hwy

Suite, Apt. #, etc.

P. O. Box 1148

City & State

Vero Beach, FL

Zip

32961-1148

Country

4. FEI Number

59-1580224

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: O'Haire, Michael

Street Address (P.O. Box Number is Not Acceptable)
3111 Cardinal Dr.

City: Vero Beach

FL

Zip Code: 32963

DO NOT WRITE
IN THIS SPACE

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 of person authorized to execute this statement

NOTE: Signature of person authorized to execute this statement

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

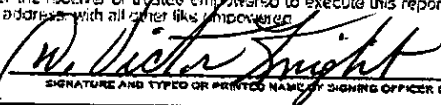
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD Knight, D. Victor 4429 16th Street Vero Beach, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Morgan, Don 385 SW 33rd Ave. Vero Beach, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST Knight, Dan 516 Live Oak Road Vero Beach, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Richey, Dan 4889 North Federal Hwy Vero Beach, FL	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(c), 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 officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowerment.

SIGNATURE:



D. Victor Knight

4-29-02

772-562-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

President

Date

Exemption Number

CR2E034B (12/01)