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

2. Principal Place of Business	3. Mailing Address
4889 North Federal Hwy	4889 North Federal Hwy
Suite, Apt. #, etc.: P. O. Box 1148	Suite, Apt. #, etc.: P. O. Box 1148
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32961-1148 Country:	Zip: 32961-1148 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1580224 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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: _____ DATE

(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Required if applicable.)

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: PSD NAME: Knight, D. Victor STREET ADDRESS: 4429 16th Street CITY-ST-ZIP: Vero Beach, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP NAME: Morgan, Don STREET ADDRESS: 385 SW 33rd Ave. CITY-ST-ZIP: Vero Beach, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: ST NAME: Knight, Dan STREET ADDRESS: 516 Live Oak Road CITY-ST-ZIP: Vero Beach, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Richey, Dan STREET ADDRESS: 4889 North Federal Hwy CITY-ST-ZIP: Vero Beach, FL	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: D. Victor Knight 4-29-02 772-562-4155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT: D. Victor Knight President — Date — Daytime Phone #