

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90259 016 ***150.00

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DOCUMENT # 469994

1. Entity Name
D & V CITRUS SALES, INC.



Principal Place of Business
**4889 NORTH FEDERAL HWY
PO BOX 1148
VERO BCH FL 32961-1148**

Mailing Address
**4889 NORTH FEDERAL HWY
PO BOX 1148
VERO BCH FL 32961-1148**

10024135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1580224**

Applied For
Not Applicable

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

**O'HAIRE, MICHAEL
3111 CARDINAL DR.
VERO BEACH FL 32963**

Name

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

City

FL

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. 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 **PSD** ☐ Delete
NAME **KNIGHT, D VICTOR**
STREET ADDRESS **4429 16TH STREET**
CITY-ST-ZIP **VERO BCH, FL 00000**

TITLE **PD** ☒ Change ☐ Addition
NAME **KNIGHT, D. VICTOR**
STREET ADDRESS **1335 RIVER RIDGE DRIVE**
CITY-ST-ZIP **VERO BEACH, FL. 32963.**

TITLE **VP** ☒ Delete
NAME **MORGAN, DON**
STREET ADDRESS **385 SW 33RD AVE**
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **KNIGHT, DAN**
STREET ADDRESS **516 LIVE OAK ROAD**
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICHEY, DAN**
STREET ADDRESS **4889 NO FEDERAL HWY**
CITY-ST-ZIP **VERO BCH FL**

TITLE **VPD** ☒ Change ☐ Addition
NAME **RICHEY, DANIEL R.**
STREET ADDRESS **2625 E. 63RD STREET**
CITY-ST-ZIP **VERO BEACH, FL. 32971.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition
NAME **RICHEY, AUDREY K.**
STREET ADDRESS **2625 E. 63RD STREET**
CITY-ST-ZIP **VERO BEACH, FL. 32971.**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. VICTOR KNIGHT

01/13/03
Date

772 562 4155
Daytime Phone #

CR2E034 (10/02)