

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90019 045 ***150.00

0062233 AV

DOCUMENT # 510626

1. Entity Name
DEW FRESH PRODUCE CO., INC.



Principal Place of Business
**122 PATRICK DRIVE
FORT WALTON BEACH FL 32547-6723**

Mailing Address
**122 PATRICK DRIVE
FORT WALTON BEACH FL 32547-6723**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1688924**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRINCE, ROBBIE RAYFORD
122 PATRICK DR.
FT. WALTON BEACH FL 32548**

Name **Karen Prince**
Street Address (P.O. Box Number is Not Acceptable)
122 Patrick Dr
City **Fort Walton Beach FL** Zip Code **32547**

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 **Karen Prince**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-03
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 | PD | <input type="checkbox"/> Delete |
| NAME | PRINCE, KAREN | |
| STREET ADDRESS | 122 PATRICK DR | |
| CITY-ST-ZIP | FT. WALTON BCH. FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | PRINCE, JESSICA | |
| STREET ADDRESS | 122 PATRICK DR | |
| CITY-ST-ZIP | FT. WALTON BCH. FL | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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:

Karen Prince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 **850/862-6313**
Date Daytime Phone #

CR2E034 (10/02)