

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90084 005 ***158.75

DOCUMENT # 583341

1. Entity Name
SOUTHLAND PRODUCE SALES OF FLORIDA, INC.

Principal Place of Business

1975 W STATE ROAD 426
OVIDO FL 32765
US

Mailing Address

P.O. BOX 620257
OVIDO FL 32762-0257
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2982203**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DUDA CHAPMAN, TRACY
1975 W STATE RD 426
OVIDO FL 32765

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDA, FERDINAND S.	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL	
TITLE	ASTS	<input type="checkbox"/> Delete
NAME	WEEKS, PALMER B	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	AST	<input type="checkbox"/> Delete
NAME	KINDER, MARK	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	AST	<input type="checkbox"/> Delete
NAME	CLARK, HENRY L	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPMAN, TRACY DUDA	
STREET ADDRESS	1975 W STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUDA, DAVID J	
STREET ADDRESS	1975 W. STATE ROAD 426	
CITY-ST-ZIP	OVIDO FL 32765	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

Ferdinand S. Duda, President

2/20/02

Date

(407)365-2111

Daytime Phone #

CR2E034 (9/01)

ATTACH DOC# 583341/612296

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.

Federal I.D. No. 59-2982203

ADDITIONAL OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>
Joseph A. Duda	V.P.	1975 W. State Road 426	Oviedo, ADD FL 32765