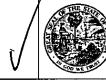
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

583341 DOCUMENT

1. Entity Name

SOUTHLAND PRODUCE SALES OF FLORIDA, INC.





Principal Place of Business Mailing Address 1975 W STATE ROAD 426 P.O. BOX 620257 OVIEDO FL 32765 OVIEDO FL 32762-0257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2982203 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **DUDA CHAPMAN, TRACY** Street Address (P.O. Box Number is Not Acceptable) 1975 W STATE RD 426 OVIEDO FL 32765 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Change ☐ Delete TITLE TITLE DUDA, FERDINAND S. NAME NAME STREET ADDRESS 1975 W STATE ROAD 426 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL ☐ Change ☐ Addition TITLE TITLE **ASTS** ☐ Delete NAME NAME WEEKS, PALMER B STREET ADDRESS STREET ADDRESS 1975 W STATE ROAD 426 CITY-ST-7/P CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition TITLE AST ☐ Delete TITLE NAME KINDER, MARK NAME STREET ADDRESS STREET ADDRESS 1975 W STATE ROAD 426 CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE AST ☐ Delete TITLE □ Change ☐ Addition NAME CLARK, HENRY L. NAME STREET ADDRESS STREET ADDRESS 1975 W STATE ROAD 426 CITY-ST-ZIP CITY-ST-ZIP **OVIEDO FL 32765** TITLE ☐ Delete Change ☐ Addition NAME CHAPMAN, TRACY DUDA NAME STREET ADDRESS STREET ADDRESS 1975 W STATE ROAD 426 CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE Change ☐ Addition TITLE **VPT** □ Delete NAME NAME DUDA, DAVID J STREET ADDRESS 1975 W. STATE ROAD 426 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765

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.

(407)365-21114/16/03

FILED

Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90165 018 ***158.75