

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607814

1. Entity Name

ERNESTON AND SONS PRODUCE, INC.

01-21-2000 90078 050 *** 150.00

FILED

00 AUG 10 AM 9:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1220 ORTEGA ROAD WEST PALM BEACH FL 33405	Mailing Address 1220 ORTEGA ROAD WEST PALM BEACH FL 33405-1049
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Zip
Country	Country

4. FEI Number 50-1884698	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERNESTON, JAMES D 1220 ORTEGA ROAD WEST PALM BEACH FL 33405
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7. Name and Address of New Registered Agent Name J. DANIEL ERNESTON, JR. Street Address (P.O. Box Number is Not Acceptable) 181 SHORE DR. City RIVIERA BEACH FL Zip Code 33404
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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 *J. Daniel Erneston Jr* DATE 1-14-00
Signature, typed or printed name of registered agent and fee # (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERNESTON, NANCY P 7201 S FLAGLER DR W PALM BEACH, FL 00000 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ERNESTON, JAMES D 7201 S FLAGLER DR W PALM BEACH, FL 00000 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERNESTON, DANIEL J JR 181 SHORE DR. RIVERA BCH. FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Nancy P. Erneston* DATE 1-14-00 (561)832-2446
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034 9/99