

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645727

1. Entity Name

DAVID RICH'S PRODUCE CO., INC.



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

01-14-2003 90044 042 ***150.00

Principal Place of Business
MIAN STREET AND RIVER RD
PO BOX 248
WEWAHITCHKA FL 32465

Mailing Address
MIAN STREET AND RIVER RD
PO BOX 248
WEWAHITCHKA FL 32465

00001000



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 59-1935149

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

RICH, DAVID M., SR.
MAIN STREET AND RIVER ROAD
WEWAHITCHKA FL

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	PD	<input type="checkbox"/> Delete
NAME	RICH, DAVID M., SR	
STREET ADDRESS	4TH ST LAKE AVE	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICH, ELIZABETH H	
STREET ADDRESS	4TH ST LAKE AVE	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, DAVID C.	
STREET ADDRESS	4TH ST LAKE AVE	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth H Rich 1-13-03 850-639-5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)