

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 668399

FILED
Apr 09, 2002 8:00 AM
Secretary of State

Entity Name: FRUIT GROWERS HARVEST, INC.

Current Principal Place of Business:

6465 55TH SQ
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 179
C/O DONALD O. OWENS
WINTER BEACH, FL 32971 US

New Mailing Address:

FEI Number: 59-2021815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAVES, A J
2101 14TH AVE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

GRAVES, A J
1446 19TH PLACE
SUITE 200
VERO BEACH, FL 32960 US

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:

04/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OWENS, DONALD O.
Address: 6465 55TH SQ
City-St-Zip: PAISLEY, FL 32767

Title: SD () Delete
Name: OWENS, DOROTHY J
Address: 6465 55TH SQ
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OWENS, DONALD O.
Address: 6465 55TH SQ
City-St-Zip: VERO BEACH, FL 32767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY J. OWENS

SD

04/09/2002

Electronic Signature of Signing Officer or Director

Date