2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90188 013 ***150.00

DOCUMENT # 673161

1. Entity Name
SUNSHINE FRUIT COMPANY, INC.

Principal Place of Business	Mailing Address
3535 RECKER HIGHWAY WINTER HAVEN FL 33880	3535 RECKER HIGHWAY WINTER HAVEN FL 33880

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2016664 ☐ 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
MATTOX, RAY 316 WEST CENTRAL AVENUE WINTER HAVEN FL 33880	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P REITER, ALLEN R 4279 STAFFORD DRIVE WINTER HAVEN, FL 00000	☐ Delete	☒ Change ☐ Addition	2107 Edgewater Circle Winter Haven Fla 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS REITER, ALLEN 4279 STAFFORD DR WINTER HAVEN FL 33880	☐ Delete	☒ Change ☐ Addition	2107 Edgewater Circle Winter Haven Fla 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT REITER, JONI S 4279 STAFFORD DR WINTER HAVEN FL 33880	☐ Delete	☒ Change ☐ Addition	2107 Edgewater Circle Winter Haven Fla 33880
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (10/02)

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: SIGNATURE REQUIRED _____ 2/10/2003 863-294-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #