2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

673161 **DOCUMENT #**

1. Entity Name

SUNSHINE FRUIT COMPANY, INC.



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

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

WINTER HAVEN	FL 33890	WINTER HAVEN FL 33000										
Principal Place of Business 3. Mailing Address						. I (SELIS SITE (SERVE THAT INDIA STREET HOLD STREET H						
Suite, Apt. #, etc. Suite, Apt. #, etc.					,	٠ ٠	□-'CHEC⊦	("HERE-IE <u>"N</u>	<u>NAKI</u> NG C	HANGES		
City & State	City & State			4.	4. FEI Number 59-2016664 Applied For Not Applicat							
Zip	Country	Zip	Count	у	5.	Certifica	e of Status D	esired		8.75 Addition Required	onal	
·			<u> </u>		7.	Name ar	d Address	of New Regi	stered Ag	ent		
	6. Name and Address of Curren	Registered Agent		Name							1	
MATTOX, RAY				Street Address (P.O. Box Number is Not Acceptable)								
316 WEST	CENTRAL AVENUE											
	VEN FL 33880									Zip Code		
				City					FL	1		
8. The above r	named entity submits this statement	for the purpose of changing its	registere	ed office or	registered a	agent, or t	ooth, in the S	tate of Florid	la. I am fa	miliar with, ar	nd accept	
the obligation	ons of registered agent.								DATE			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	TE: Registere	d Agent signatu	re required whe	n reinstating)			DATE			
	LE NOW!!! FEE IS \$150.00		*	প্র প্র ্	ನಿವೀಕ್ ಕ		Trust Fund C	ontribution.	[_J	_	to Fees	
Make Check	Payable to Florida Department	D DIRECTORS	. 11.			ADDITION	IS/CHANGE	S TO OFFIC	ERS AND	DIRECTORS	IN 11	
10.		Delete Delete	TITL	É						(X) Change	Addition	
TITLE	P REITER, ALLEN R		AAN	1E				۸ - ۸	a l .			
NAME STREET ADDRESS	4279 STAFFORD DRIVE			EET ADDRESS	910,	I F	gewei Haven	147 C	ソレスト	3 X ()		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		CIT	/-ST-ZIP	Miv.	ter 1	<u>daven</u>	100	3	∑ Change	Addition	
TITLE	PS	☐ Delete	TITI							-		
NAME	REITER, ALLEN		NAI	AE EET ADDRESS	12100	Ed	<u>Haven</u>	x Chr	gle			
STREET ADDRESS	4279 STAFFORD DR			Y-ST-ZIP	117:01	tor	Haven	Fla	<i>33</i>	880		
CITY-ST-ZIP	WINTER HAVEN FL 33880		TIT		1000	121	, ~ 4 011			Change	☐ Addition	
TITLE	VPT	☐ Delete	NA			,		۸.	- 1.			
NAME	REITER, JONI S			REET ADDRESS	12107	. Eq	yewate	r Cir	GIB	200.		
STREET ADDRESS CITY-ST-ZIP	4279 STAFFORD DR WINTER HAVEN FL 33880		CIT	Y-ST-ZIP	Wing	ter_	<u>Haver</u>	F1	0 :	08865		
	MINITEL INVENTED IN COORD	Delete		LE						Change	L] Addition	
NAME	−			ME LODDECC	/ ::		- <u>-</u> .			سيميسها أأرب		
STREET ADDRESS				REET ADDRESS (Y-ST-ZIP								
CITY-ST-ZIP					 					Change	☐ Addition	
TITLE		☐ Delete		ile Me								
NAME				reet address					•			
STREET ADDRESS				TY-ST-ZIP	1							
CITY-ST-ZIP			TI .	TLE	 					Change	Addition	
THTLE		∟ Delete		AME								
NAME OTREET ADDRESS			s	FREET ADDRESS								
STREET ADDRESS	1		С	TY-ST-ZIP	<u> </u>					- باد د- باد ، کاد،	information	
G111-31-2#	certify that the information supplied	with this filing does not qualify	for the e	xemption st	tated in Sec	tion 119.0	7(3)(i), Florid	da Statutes.	I further ce bath; that I e appears	ertity that the am an office	monnation r or director	

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Figure 1 that I am an officer or director 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:

91101900