

7/1/

FILED

Jul 23, 2002 8:00 am
Secretary of State

07-01-2002 90322 001 ***450.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

674479

1. Entity Name

Florida Growers, Inc ✓

39388

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22305 SW 157 Ave

3. Mailing Address

751 More Point Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Goulds, FL

City & State

Brunswick, ME

4. FEI Number

59-2112249

Applied For:

Not Applicable

Zip

33170

Country

USA

Zip

04011

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter H. Kendall

Street Address (P.O. Box Number is Not Acceptable)

22305 S.W. 157 Ave

City

Goulds

FL

Zip Code

33170

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-designing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPPD
KENDALL, Peter H.J.
22305 S.W. 157 Ave
Goulds, FL 33170TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter H. Kendall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02 305-258-1631

Daytime Phone #

CR2E034B (12/01)