

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90379 031 ***150.00

DOCUMENT # F21555

1. Entity Name

FLORIDA ORANGE BLOSSOM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

194 Will Duke Road

3. Mailing Address

P.O. Box 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wauchula, FL

City & State
Wauchula, FL

4. FEI Number

59-2296025

Applied For

Not Applicable

Zip 33873

Country USA

Zip 33873

Country USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Davis, William K.

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

194 Will Duke Road

City

Wauchula

FL

Zip Code

33873

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 reinstating)

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 - ZIP**

P Davis Edgar L.
194 Will Duke Road
Wauchula, FL 33873

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

V Davis, William K.
194 Will Duke Road
Wauchula, FL 33873

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

D Davis, Edgar L. Jr.
Rt. 1 HWY 664B
Wauchula, FL 33873

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

S Best, Gail D.
238 South Bailey Road
Wauchula, FL 33873

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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NAME
STREET ADDRESS
CITY - ST - ZIP**

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**DO NOT WRITE
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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Davis

4/16/02

863-773-4159

Date

Daytime Phone #

CR2E034B (12/01)