

**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
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 1087
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Wauchula, FL

City & State
 Wauchula, FL

Zip 33873 **Country** USA

Zip 33873 **Country** USA

4. FEI Number 59-2296025

Applied For
 Not Applicable

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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**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: *William K. Davis* **William K. Davis** **4/16/02** **863-773-4159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)