

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90157 027 ***150.00

DOCUMENT # F84554

1. Entity Name

BOSIER'S FRUIT & GROVE CARE, INC.

f

Principal Place of Business

SE HWY 42
WEIRSDALE FL 32195
US

Mailing Address

PO BOX 401
WEIRSDALE FL 32195
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *Above*

Suite, Apt. #, etc. *AS Above*

City & State *FL*

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2205397**

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

BOSIER, JAMES

14050 SE HWY 42 PO Box 401
WEIRSDALE FL 32195

Name

JAMES BOSIER

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

14005 SE 170 ST

City

WEIRSDALE

FL

Zip Code

32195

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BOSIER, JAMES**
STREET ADDRESS **POB 401/WEST HWY 42**
CITY-ST-ZIP **WEIRSDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES BOSIER** **REQUIRED** *James Bosier* **7-25-00** **(352) 821-4552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)