

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000004601**

1. Entity Name
J & H PRODUCE CO., INC.

Principal Place of Business
**7460 CONOWINGO AVE.
UNIT 74
JESSUP MD 20794**

Mailing Address
**7460 CONOWINGO AVE.
UNIT 74
JESSUP MD 20794**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **52-1749566** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

Name

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

City

FL Zip Code

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

**CV
MCWHORTER, JAMES
MARYLAND WHOLESALE PRODUCE MARKET
JESSUP MD**

Delete

**PV
LICHENSTEIN, HERBERT
MARYLAND WHOLESALE PRODUCE MARKET
JESSUP MD**

Delete

**STD
SAIA, JOSEPH
MARYLAND WHOLESALE PRODUCE MARKET
JESSUP MD**

Delete

Delete

Delete

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Change Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Saia

3-21-02 301-621-2226

Date

Daytime Phone #

0578929 AT

CR2E034 (9/01)