

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91524 012 ***150.00

DOCUMENT # F95000003134

1. Entity Name
NORTH BAY PRODUCE, INC.

Principal Place of Business Mailing Address
PO BOX 988 **PO BOX 988**
TRAVERSE CITY MI 49685-0988 **TRAVERSE CITY MI 49685-0988**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For
38-3002393 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

BURGOS, MICHAEL A
2119 NW 84TH AVE.
MIAMI FL 33126

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
CPD HACKERT, ROY	3958 WEST CHAUVEZ ROAD LUDINGTON MI 49431		
C WRIGHT, GEORGE	13375 BELDING ROAD BELDING MI 48809		
V BOGARD, RICHARD L	1771 NORTH US 31 SOUTH TRAVERSE CITY MI 49684		
V GIRARDIN, MARK A	1771 NORTH US 31 SOUTH TRAVERSE CITY MI 49684		
STD ADKIN, RANDY	RT 4, 65TH ST SOUTH HAVEN MI 48090		
D KACHIK, THOMAS	6331 US 31 SOUTH GRAWN MI 49637		

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: *Thomas Kachik* **4/30/02** **231-946-1971**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)