

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
 04-16-2002 90176 036 \*\*\*158.75

0382113 AV

**DOCUMENT # F97000005746**

1. Entity Name  
**MEDUSA FRUIT COMPANY**

Principal Place of Business  
**RT. 2 PIONEER PLANTATION**  
**CLEWISTON FL 33440**

Mailing Address  
**RT. 2 BOX 1210**  
**CLEWISTON FL 33440**



2. Principal Place of Business  
**2550 Witt Road**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2550 Witt Road**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Clewiston, FL**  
 Zip  
**33440**  
 Country  
**Hendry**

City & State  
**Clewiston, FL**  
 Zip  
**33440**  
 Country  
**Hendry**

4. FEI Number  
**56-2052209**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MINTON, MICHAEL D.**  
**1903 SOUTH 25TH ST., STE. 200**  
**FT. PIERCE FL 34950**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS SOUND, CAREY RT. 2 PIONEER PLANTATION, BOX 1210 CLEWISTON FL 33440</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DTV STANLEY, RONALD M JR. 300 N. GREENE ST., STE. 2100 GREENSBORO NC 27401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV JOHNSON, EARL JR. 6101 TRIANGLE DR. RALEIGH NC 27612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV WINSTON, CHARLES M 2209 CENTURY DRIVE, STE. 300 RALEIGH NC 27612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV POOLE, J. GREGORY JR. 4807 BERYL ROAD RALEIGH NC 27606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **CAREY Sound**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-02**  
 Date

**863-983-2135**  
 Daytime Phone #

CR2E034 (9/01)