2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12702

1. Entity Name

K & D PRODUCE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90332 032 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1937 WEST TENNESSEE STREET TALLAHASSEE FL 32304 US	% DANIEL KEITH BRUIJN 1937 WEST TENNESSEE ST. TALLAHASSEE FL 32304-3226

2. Principal Place of Business	3. Mailing Address
K & D Produce, Inc.	Same
Suite, Apt. #, etc. 1937 West Tennessee Street	Suite, Apt. #, etc.
City & State Tallahassee, Fl	City & State
Zip 32304 / Country	Zip / Country

4. FEI Number 59-2435443 ☐ Applied For XX Not Applicable

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

6. Name and Address of Current Registered Agent

BRUIJN, DANIEL KEITH
1106 GROVELAND HILLS DRIVE
TALLAHASSEE FL 32311

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 [signature] W. Keith Chapman, President 4/30/00
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, 2000 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		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, WILLIAM KEITH		NAME		
STREET ADDRESS	4526 RUNNING MEADOWS LN		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRUIJN, DANIEL KEITH		NAME		
STREET ADDRESS	1106 GROVELAND HILLS DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] W.Keith Chapman, President 4/30/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #