AMENDED WITH CHANGES

Amended

UNIFORM BUSINESS REPORT (UBR)

FILED

00 SEP -6 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10216

1. Entity Name

GATOR PRODUCE SALES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6476 DELRAY BEACH FL 33482-6476 US	P.O. BOX 6476 DELRAY BEACH FL 33482-6476 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5353 W ATLANTIC AVE.	5353 W ATLANTIC AVE.
Suite, Apt. #, etc.: SUITE 403	Suite Apt # etc.: SUITE 403
City & State: DELRAY BEACH, FL. 33484	City & State: DELRAY BEACH, FL. 33484
Zip / Country	Zip / Country

4. FEI Number 65-0139552 ☐ 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
RUMBLE, THEO JR 5353 W. ATLANTIC AVENUE SUITE 403 DELRAY BEACH FL 33484	Name Street Address (P.O. Box Number is Not Acceptable) City / 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	D ☒ Delete HUMES, WAYNE J. 5353 W. ATLANTIC AVE., SUITE 403 DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600003397916--6 -09/19/00--01033--021 *****61.25 *****61.25
	DP ☐ Delete RUMBLE, THEO JR. 5353 W. ATLANTIC AVE., SUITE 403 DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	DV ☒ Delete HAYNES, NATHAN 5353 W. ATLANTIC AVE. DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	D ☒ Delete SEEL, GREGORY B. 5353 W. ATLANTIC AVENUE, SUITE 403 DELRAY BCH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	DST ☐ Delete AUSTIN, PETER J 5353 W. ATLANTIC AVENUE, SUITE 403 DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TS
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 X in the box.

[redacted] THEO RUMBLE JR 8-31-00 561-496-7250