

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90122 001 \*\*\*450.00

**DOCUMENT # L75067**

1. Entity Name  
**DUBOIS PRODUCE, INC.**

Principal Place of Business

8421 S STATE RD. 7  
 70 S.E. 4TH AVENUE  
 BOYNTON BEACH FL 33437  
 US

Mailing Address

P O BOX 3029  
 70 S.E. 4TH AVENUE  
 BOYNTON BEACH FL 33437  
 US

**23808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8075 State Road 7**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Boynton Beach, FL**

City & State

4. FEI Number

**65-0197987**

Applied For

Not Applicable

Zip

**33437**

Country

**USA**

Zip

Country

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

**SABERSON, ROGER G**  
**70 S.E. 4TH AVENUE**  
**DELRAY BEACH FL 33483-1514**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUBOIS, E. WAYNE</b>	
STREET ADDRESS	<b>8421 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DUBOIS, BRETT</b>	
STREET ADDRESS	<b>8421 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DUBOIS, MARK</b>	
STREET ADDRESS	<b>8421 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DUBOIS, MONTE</b>	
STREET ADDRESS	<b>8421 STATE ROAD 7</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

*Wayne Dubois*

**WAYNE DUBOIS, PRESIDENT 1/16/01 561.738.7510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)