

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000303

1. Entity Name

ABUNDANT FRUITS, INC.

Principal Place of Business

Mailing Address

1000 BETHUNE DR.
ORLANDO FL 32805

1000 BETHUNE DR.
ORLANDO FL 32805

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90144 034 ****61.25

0012791

00110107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3641944

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

NEMBARD, RALSTON B
8413 CLEMATIS LANE
ORLANDO FL 32819

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME BURGESS, GRACE
STREET ADDRESS 220 DOMINO DR.
CITY-ST-ZIP ORLANDO 32 805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME MOORE, BYRON
STREET ADDRESS 4249 GAITHER DR.
CITY-ST-ZIP ORLANDO FL 32811

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME HAWKINS, ERNESTINE
STREET ADDRESS 1106 CORETTA WAY
CITY-ST-ZIP ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME ANDREWS, MAUDE
STREET ADDRESS 1125 CORETTA WAY
CITY-ST-ZIP ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 407-295-1923

Date

Daytime Phone #