

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90055 037 ***150.00

0411924 AV

DOCUMENT # P00000054076

1. Entity Name

GULF COAST PRODUCE, INC.

Principal Place of Business

**13514 GLENN HARWELL RD
DOVER FL 33527**

Mailing Address

**P.O. BOX 1020
DOVER FL 33527**

2. Principal Place of Business

100 Stearn Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plant City FL

City & State

33566

Zip

33566

Country

Hillsborough

Zip

Country

4. FEI Number

59-3650613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JONES, ACLE M
908 SYDNEY WASHER ROAD
DOVER FL 33527**

7. Name and Address of New Registered Agent

Name **Eddie A Jones**

Street Address (P.O. Box Number is Not Acceptable)

1410 Cre Road

City

Sydney

FL

Zip Code

33587

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

Eddie A Jones **Eddie A Jones**

1-1-02

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, 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	T	<input type="checkbox"/> Delete
NAME	JONES, EDDIE A	
STREET ADDRESS	PO BOX 93	
CITY-ST-ZIP	SYDNEY FL 33587	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, ACLE M	
STREET ADDRESS	908 SYDNEY WASHER ROAD	
CITY-ST-ZIP	DOVER FL 32537	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOODSON, JOSEPH R	
STREET ADDRESS	13659 HAYNES ROAD	
CITY-ST-ZIP	DOVER FL 32527	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOSS, WAYNE	
STREET ADDRESS	RT 2 BOX 233	
CITY-ST-ZIP	CASHIER NC 28717	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeShong, Pamela	
STREET ADDRESS	P.O. Box 2102	
CITY-ST-ZIP	Plant City FL 33564	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Joseph R Goodson **Joseph R Goodson, President** **1-1-02** **(813) 757-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)