

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90267 001 ***150.00

DOCUMENT # P00000109421

1. Entity Name
SALERNO PRODUCE, INC.

Principal Place of Business

**US HWY ROAD & SALERNO ROAD-
 STUART FL 34997**

Mailing Address

**5672 SW RANCHITO ST
 PALM CITY FL 34990**

2. Principal Place of Business

5540 SE FEDERAL HWY

Suite, Apt. #, etc.

3. Mailing Address

5000 SE FEDERAL HWY

Suite, Apt. #, etc.

28

City & State

STUART FLORIDA

City & State

STUART FLORIDA

4. FEI Number

65-1055316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

COUGHLIN, ELIZABETH A

**5672 SW RANCHITO STREET
 PALM CITY FL 34990**

**5006 SE FEDERAL
 HIGHWAY APT 28
 STUART FL 34997**

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, 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 **DPT** ☐ Delete
NAME **COUGHLIN, ELIZABETH A**
STREET ADDRESS **5672 SW RANCHITO STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DVS** ☒ Delete
NAME **WINTHERS, ROBERT W**
STREET ADDRESS **5672 SW RANCHITO STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **COUGHLIN, ELIZABETH A**
STREET ADDRESS **5000 SE FEDERAL HIGHWAY #28**
CITY-ST-ZIP **STUART FL 34997**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth A. Coughlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

Daytime Phone #

772-285-6600

CR2E034 (9/01)