2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114474

1. Entity Name
Florida Produce & Specialty Market, Inc.

DO NOT WRITE IN THIS SPACE

700006981867--5
-08/08/02--01078--011
****300.00 ****300.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
770 NE Maple ST	PO Box 188
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Butler FL	City & State: Lake Butler FL
Zip: 32054 Country: Union	Zip: 32054 Country: Union

4. FEI Number: 59-2591051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lloyd, Mark

Street Address (P.O. Box Number is Not Acceptable): 770-NE Maple ST.

City: Lake Butler FL Zip Code: 32054

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSD
NAME	Lloyd, Mark
STREET ADDRESS	770-NE Maple ST.
CITY-ST-ZIP	Lake Butler Fl 32054
TITLE	VPD
NAME	Lloyd, Martha
STREET ADDRESS	770-NE Maple ST.
CITY-ST-ZIP	Lake Butler Fl 32054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034 3 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/30/02 9043493907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #