

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90229 043 \*\*\*150.00

**DOCUMENT # P01000033677**

**1. Entity Name**  
**EAGLE PRODUCE SALES, INC.**



**Principal Place of Business**  
**1827 SANDY KNOLL CIR**  
**LAKE LAND FL 33813**

**Mailing Address**  
**1827 SANDY KNOLL CIR**  
**LAKE LAND FL 33813**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. Box 6264**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Lakeland, FL.**

Zip

Country

Zip  
**33807**

Country

**4. FEI Number 59-3721844**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**11016408**



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HARRISON, SAMUEL E**  
**1827 SANDY KNOLL CR**  
**LAKE LAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRISON, SAMUEL E	
STREET ADDRESS	1827 SANDY KNOLL CR	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRISON, THERESA A	
STREET ADDRESS	1827 SANDY KNOLL CR	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 607, 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 empowered.**

**SIGNATURE:** Samuel E. Harrison **Samuel E. Harrison** **4-21-03** **863-944-9237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)