

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90103 008 \*\*\*150.00

**DOCUMENT # P01000040577**

1. Entity Name

**THE GROWER EXCHANGE OF FLORIDA, INC.**



Principal Place of Business

**2111 CLAIREMONT DRIVE  
COCOA FL 32922**

Mailing Address

**2111 CLAIREMONT DRIVE  
COCOA FL 32922**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 237513**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cocoa, FL**

Zip

Country

Zip

Country

**32923 USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, JOSEPH R  
2111 CLAIREMONT DRIVE  
COCOA FL 32922**

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

Signature, typed or printed name of registered agent and title if applicable.

(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  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MCGRATH, JOSEPH R</b>	<b>2111 CLAIREMONT DRIVE</b>	<b>COCOA FL 32922</b>						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 lines empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/03 321-508-1927**  
Date Daytime Phone #

CR2E034 (10/02)