Mailing Address

1893 90TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

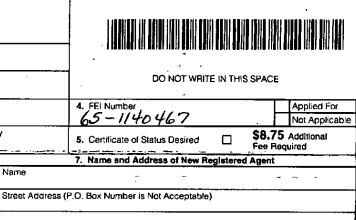
City & State

VERO BEACH FL 32966

2002 UNIFORM BUSINESS REPORT (UBR) P01000092435 DOCUMENT

FILED Jun 18, 2002 8:00 am Secretary of State

05-19-2002 90167 029 ***150.00



VERO BEACH FL 32960 City

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, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

1. Entity Name

1893 90TH AVE.

FRUIT SUPPLY, INC.

Principal Place of Business

2. Principal Place of Business

POŁACKWICH, ALAN S SR.

VERO BEACH FL 32966

Suite, Apt. #, etc.

City & State

3333 20TH ST.

(See criteria on back)

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(9/O

E034

Zip Code

11.1 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Change ☐ Addition OWENS, DONALD O NAME NAME STREET ADDRESS 6465 55TH SQUARE STREET ADDRESS CITY-ST-ZIP vero Beach FL 32967 CITY-ST-ZIP TITLE ☐ Celete ☐ Chance ☐ Addition NAME FULMER, ZACHARIAH G SR. NAME STREET ADDRESS 1893 90TH AVE. STREET ADDRESS CITY-ST-ZIP+ CITY-ST-ZIP VERO BEACH FL-32966 = TITLE Defete TITLE ☐ Change ☐ Addition NAME_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP πηε ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-21P CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 addjess, with all other like impowered.

Daytime Phone #