

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90105 014 ***150.00

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1. Entity Name
FRESH PRODUCE OF JACKSONVILLE, INC.



Principal Place of Business
**3617 CROWN POINT RD
JACKSONVILLE FL 32241**

Mailing Address
**P.O. BOX 24668
JACKSONVILLE FL 32241**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite #2

City & State

Zip Country

4. FEI Number
59-3758822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, MEREDITH ALLEN
3617 CROWN POINT RD
JACKSONVILLE FL 32241**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite #2
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 **Meredith Allen Hernandez** **2/6/03**
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

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 ☐ Delete
NAME **D**
STREET ADDRESS **HANAIA, ELIA Y**
CITY-ST-ZIP **P.O. BOX 24668
JACKSONVILLE FL 32241-4668**

TITLE ☒ Change ☐ Addition
NAME **HANANIA, ELIA Y**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HANAIA, VICTOR Y**
CITY-ST-ZIP **P.O. BOX 24668
JACKSONVILLE FL 32241-4668**

TITLE ☒ Change ☐ Addition
NAME **HANANIA, VICTOR Y**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 on Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)