2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -8 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044336

1. Entity Name
PEPPER PETE'S PRODUCE, INCORPORATED

Principal Place of Business	Mailing Address
2331 PHYLLIS LANE IMMOKALEE, FL 34142	POST OFFICE BOX 2029 IMMOKALEE, FL 34143-2029

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 321 MAIN STREET	P.O. Box 627 Suite, Apt. #, etc.
City & State IMMOKALEE FL	City & State IMMOKALEE FL
Zip \ Country COLLIER	Zip 34143 Country COLLIER

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ 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
HERRERA, PEDRO JR. 2331 PHYLLIS LANE IMMOKALEE, FL 34142	Name: PEDRO HERRERA JR Street Address (P.O. Box Number is Not Acceptable): City: IMMOKALEE FL Zip Code: 34143

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	PD HERRERA, PEDRO JR. 2331 PHYLLIS LANE IMMOKALEE, FL 34142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERRERA, PEDRO JR IMMOKALEE FL 34143	☒ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 239-641-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JP 9/8