

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90678 032 \*\*\*150.00

0183910  
AV

**DOCUMENT # P02000081404**

1. Entity Name  
**CROP & DROP OF SOUTH FLORIDA, INC.**



Principal Place of Business  
~~551 NE 5TH STREET~~  
~~POMPANO BEACH FL 33060~~  
**6601 Lyons Rd I-5**  
**COCONUT CREEK, FL 33073**

Mailing Address  
**551 NE 5TH STREET**  
**POMPANO BEACH FL 33060**

2. Principal Place of Business  
**6601 Lyons Rd.**

3. Mailing Address

Suite, Apt. #, etc.  
**I-5**

Suite, Apt. #, etc.

City & State  
**COCONUT CREEK**

City & State  
**FL**

4. FEI Number  
**55-0789689**

Applied For  
Not Applicable

Zip  
**33073**

Country  
**BROWARD**

Zip  
**33073**

Country

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

**A1A CORPORATE SERVICES INC.**  
**1211 BRICKELL AVENUE**  
**SUITE 900**  
**MIAMI FL 33131**

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

**4-1-2003**

**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  
**PD**  
**PETTIT, DONALD**  
**551 NE 5TH STREET**  
**POMPANO BEACH FL 33060**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**RODRIGUEZ, RENE**  
**551 NE 5TH STREET**  
**POMPANO BEACH FL 33060**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**PETTIT, ILEANA**  
**551 NE 5TH STREET**  
**POMPANO BEACH FL 33060**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD**  
**RODRIGUEZ, MIMI**  
**551 NE 5TH STREET**  
**POMPANO BEACH FL 33060**

☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE REQUIRED OF US U. President 954-426-5220**

CR2E034 (10/02)