


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90696 049 \*\*\*150.00

**DOCUMENT #** P02000107050

**1. Entity Name**  
SYKES CREEK PRODUCE, INC.



**Principal Place of Business**  
290 BORMAN DR.  
MERRITT ISLAND FL 32953

**Mailing Address**  
290 BORMAN DR.  
MERRITT ISLAND FL 32953



**2. Principal Place of Business**  
1520 W. RIVIERA DR -  
Suite, Apt. #, etc.

**3. Mailing Address**  
1520 W. RIVIERA DR -  
Suite, Apt. #, etc.

**City & State**  
MERRITT ISLAND FL

**City & State**  
MERRITT ISLAND, FL

**Zip**  
32952

**Country**  
FLORIDA

**Zip**  
32952

**Country**  
FLORIDA

**4. FEI Number**  
06-1652292

**Applied For**  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
BENKO, JANE  
1520 W. RIVIERA DR.  
MERRITT ISLAND FL 32952

**7. Name and Address of New Registered Agent**  
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** *Jane Benko, Pres/Sec* **DATE** 1/2/03

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**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENKO, JANE 1520 W. RIVIERA DR. MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.**

**SIGNATURE:** *Jane Benko* **FOUR** **1-2-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)