

FILED
Apr 23, 2003 8:00 am
Secretary of State

03-27-2003 90101 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000132961

1. Entity Name

GROWERS CHOICE IMPORTS, INC.



Principal Place of Business

91 EARLS LANE
APOPKA FL 32712

Mailing Address

91 EARLS LANE
APOPKA FL 32712

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1213

Suite, Apt. #, etc.

City & State

City & State

Apopka, FL

Zip

Country

Zip

Country

32704

USA

4. FEL Number

52-2388199

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

STRICKLAND, D. RALPH

91 EARLS LANE

APOPKA FL 32712

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

Signature, typed or printed name of registered agent and fee 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

(P.C.D.)

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STRICKLAND, D. RALPH
STREET ADDRESS 91 EARLS LANE
CITY-ST-ZIP APOPKA FL 32712

TITLE VD
NAME STRICKLAND, SYLVIA I
STREET ADDRESS 91 EARLS LANE
CITY-ST-ZIP APOPKA FL 32712

TITLE SD
NAME STRICKLAND, MICHAEL
STREET ADDRESS 91 EARLS LANE
CITY-ST-ZIP APOPKA FL 32712

TITLE TD
NAME BENTLEY, LISA
STREET ADDRESS 91 EARLS LANE
CITY-ST-ZIP APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Use Bentley 2/5/03 (407)889-0100

Date

Daytime Phone #

CR2E034 (10/02)