

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

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

03-27-2003 90101 048 ***150.00

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.

CHECK HERE IF MAKING CHANGES

City & State
Apopka, FL

City & State
Apopka, FL

Zip
32704

Country
USA

4. FEL Number
52-2388199

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 11, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, D. RALPH	
STREET ADDRESS	91 EARLS LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRICKLAND, SYLVIA I	
STREET ADDRESS	91 EARLS LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRICKLAND, MICHAEL	
STREET ADDRESS	91 EARLS LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENTLEY, LISA	
STREET ADDRESS	91 EARLS LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Bentley* **2/5/03** **(407) 889-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)