

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90243 039 ***150.00

DOCUMENT-# P94000057722

1. Entity Name
TRY FRESH PRODUCE, INC.

Principal Place of Business

**P.O. BOX 995
 ZOLFO SPRINGS FL 33890**

Mailing Address

**P.O. BOX 995
 ZOLFO SPRINGS FL 33890**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1498

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City FL

4. FEI Number **65-0510490**

Applied For
 Not Applicable

Zip

Country

33564

USA

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

**CORD, HENDRIK L JR.
 1839 SE LAKEVIEW DR
 SEBRING FL 33870**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **LOCKLEAR, GEORGE**
 STREET ADDRESS **4105 ELLIOT PLACE**
 CITY-ST-ZIP **PLANT CITY FL 33560**

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

TITLE **V** ☐ Delete
 NAME **BRYAN, WILLIAM M**
 STREET ADDRESS **12001 ARBUCKLE CREEK ROAD**
 CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **ST** ☐ Delete
 NAME **CORD, HENDRIK L JR**
 STREET ADDRESS **PO BOX 1416**
 CITY-ST-ZIP **SEBRING FL 33871**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George W. Locklear**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

Daytime Phone #

CR2E034 (9/01)