2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000055865 **DOCUMENT #**

1. Entity Name

ORANGE BLOSSOM HARVESTING, INC.

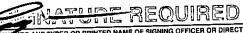


FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90208 025 ***150.00

			4 COO WE THE		
Principal Place of Business 3394 SE BROWN RD ARCADIA FL 34266		Mailing Address 3394 SE BROWN RD ARCADIA FL 34266		30023076	
2. Principal Place of Business 3		3. Mailing Address			4
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAK	ING CHANGES Applied For
City & State		City & State		4. FEI Number 65-0678972	Not Applicable \$8.75 Additional
Zip	Country	Zip	Country	Certificate of Status Desired Name and Address of New Register	Fee Required
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Register	water at the
			-Name		
MERCER, C	CARY	•	Street Addre	ss (P.O. Box Number is Not Acceptable)	
ARCADIA F			Ì		
•			City		FL Zip Code
	*.	f all a sain	- its registered office or req	istered agent, or both, in the State of Florida.	am familiar with, and accept
8. The above r	named entity submits this stateme ons of registered agent.	ent for the purpose of changing	g its registered diffee of reg		
SIGNATURE _	Signature, typed or printed name of registered	egent and title if applicable.	(NOTE: Registered Agent signature re	quired when reinstating)	ATE
Δfter	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00		 Election Campaign Financin Trust Fund Contribution. 	Added to Fees
Make Check		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11
10.		Delete	TITLE		☐ Change ☐ Addition
	D TOMBY	C⊐ Delete	NAME		
NAME	QUAVE, TOMMY L 3394 SE BROWN RD		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		Addition
		□ Delete	TITLE		☐ Change ☐ Addition
TITLE	D QUAVE, CYDNEY J		NAME		
NAME STREET ADDRESS	3394 SE BROWN RD		STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP		Change Addition
TITLE	D	☐ Delete	TITLE		C charge
- NAME	MERCER: CARY	and the same of th	NAME		
STREET ADDRESS	4644 SE BROWN RD		CITY-ST-ZIP		
CITY-ST-ZIP	ARCADIA FL 34266				Change Addition
TITLE	D	☐ Delete	TITLE NAME		
NAME	MERCER, KAYE		STREET ADDRESS		
STREET ADDRESS	4644 SE BROWN RD		CITY-ST-ZIP		
CITY-ST-ZIP	ARCADIA FL 34266		TITLE		☐ Change ☐ Addition
TITLE		L.J. Delete	NAME		
NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
		☐ Delete	TITLE		Change Addition
TITLE			. NAME		
NAME STREET ADDRESS			STREET ADDRESS		
ļ -	1		CITY-ST-ZIP		the second secon
10 Lhoroby	certify that the information suppli	lied with this filing does not qu	alify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information ; that I am an officer or director

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:



CD/01/05/