## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # **P96000057109** 1. Entity Name 05-15-2001 90010 038 \*\*\*150.00 ORANGE PARK PRODUCE, INC. Principal Place of Business Mailing Address 570 KINGSLEY AVENUE 570 KINGSLEY AVENUE ORANGE PARK FL 32073-4830 ORANGE PARK FL 32073-4830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3384332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINKLER, JOHN S Street Address (P.O. Box Number is Not Acceptable) 2515 OAK STREET JACKSONVILLE 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change CR2E034 (10/00) TITLE Delete KAREN PUSTAY KAREN 8300 PLAZA GATELN NAME WINFIELD, RAYMOND J JR. NAME STREET ADDRESS 22250 PROVIDENCE DRIVE STE 203 STREET ADDRESS 32216 CITY-ST-ZIP CITY-ST-ZiP SOUTHFIELD MI TITLE Change Addition ☐ Delete TITLE NAME JEZIERSKI, KENNETH NAME STREET ADDRESS STREET ADDRESS 1013 NEOBISH CITY-ST-7IP **ESSEXVILLE MI** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition JEZIERSKI, CHERYL NAME NAME STREET ADDRESS STREET ADDRESS 1013 NEBOBISH CITY-ST-ZIP CITY-ST-7IP ESSEXVILLE MI TITLE TSD ☐ Delete TITLE ☐ Change ☐ Addition JEZIERSKI, DAVID A NAME NAME STREET ADDRESS 29-A JUDSON CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachier twith an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE

DAVID JELIEBEL ひるひ