

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000094835**

1. Entity Name

NEILL'S FARM FRESH PRODUCE, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90136 008 ***150.00

707793

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3401 OLEANDER AVE FORT PIERCE FL 34982		Mailing Address P.O. BOX 2547 FORT PIERCE FL 34954 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0719836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEILL, JAMES D 3901 OLEANDER AVE FORT PIERCE FL 34982		7. Name and Address of New Registered Agent Name JAMES D NEILL Street Address (P.O. Box Number is Not Acceptable) 3401 OLEANDER AVE City FORT PIERCE FL Zip Code 34982	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEILL, JAMES D 3401 OLEANDER AVE FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JAMES D. NEILL		Date 1-22-01	Daytime Phone # 561-464-2061

CR2E034 (10/00)