

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100649

1. Entity Name

PRODUCE PACKING AUTOMATION, INC.

Principal Place of Business

1846 OLIVE STREET
LAKELAND FL 33815
US

Mailing Address

P.O. BOX 1110
KATHLEEN FL 33849-1110
US

2. Principal Place of Business

1846 Olive St.

3. Mailing Address

P.O. Box 1110

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

KATHLEEN FL

4. FEI Number

59-3415379

Applied For

Not Applicable

Zip

33815

Country

Polk

Zip

33849

Country

Polk

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

LUGO, JACOB
7515 FLORAL CIR. W.
LAKELAND FL 33809

Name

JACOB LUGO

Street Address (P.O. Box Number is Not Acceptable)

7515 FLORAL CIR. W

City

Lakeland

FL

Zip Code

33809

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

Jacob Lugo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MCINNIS, CECIL RAY
1846 OLIVE STREET
LAKELAND FL 33815

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
LUGO, JACOB
1846 OLIVE STREET
LAKELAND FL 33815

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Jacob Lugo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-2000 863-686-0646

CR2E034 (9/99)