## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000099998** 1. Entity Name JOHN J. O'HEARN JR. PRODUCE CO. 05-16-2000 90107 040 \*\*\*155 00 Principal Place of Business Mailing Address 200-A JOHN KNOX ROAD 348 S. SR 7 MARGATE FL 33068 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address 1201 Hays Street 348 South State Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. c/o Corp. Serv. 4. FEI Number Applied For City & State City & State 06-1508273 Tallahassee, FL 32301 Margate, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33068 32301 Leon Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporation Service **WOLFE, LARRY** Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303 Zip Code City Tallahassee 32301 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. 04/27/00 Corporation Service Company Signature, typed 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITI F D ☐ Delete TITI F NAME NAME O'HEARN, JOHN J JR STREET ADDRESS STREET ADDRESS 3270 S. SEMORAN BLVD #25 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 effect 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

(407) 282 7251

Daytime Phone #