FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90467 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016306

90052325

1. Entity name
THE PRODUCE SOLUTION, INC.

Principal Place of Business	Mailing Address
~~150 S ANDREWS~~ ~~SUITE C~~ ~~POMPANO BEACH~~, FL 33069 US	200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801 US

2. Principal Place of Business	3. Mailing Address
1255 W. Arlantic Blvd.	
Suite, Apt. #, etc.: Suite 315	Suite, Apt. #, etc.:
City & State: Pompano Beach, Fl	City & State:
Zip: 33069 Country:	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3484313 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: ______ DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11
TITLE: PSD NAME: HENDERSON, BERNARD STREET ADDRESS: 150 S ANDREWS SUITE C CITY-ST-ZIP: POMPANO BEACH, FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 1255 W Atlantic Blvd Suite 315 Pompano Beach, FL 33069 ☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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: [signature] Bernard Henderson 2/25/03 9549421161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attention: Sandy