

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90204 029 ***150.00

DOCUMENT # P98000061586

1. Entity Name

INDIAN RIVER FRUIT SALES, INC.

Principal Place of Business

**116 SOUTH US 1
VERO BEACH FL 32962**

Mailing Address

**P.O. BOX 2764
VERO BEACH FL 32961**

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 **59-3523630**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MCDEVITT, THOMAS E
1715 45TH AVENUE
VERO BEACH FL 32966**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|--------------------|---|--|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | PD | MCDEVITT, THOMAS E | 1715 45TH AVENUE VERO BEACH FL 32966 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | SDVT | WIMPY, SUE C | 2105 14TH DRIVE VERO BEACH FL 32960 | <input checked="" type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change | <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

561-492-0190

Daytime Phone #

CR2E034 (10/00)