

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-16-2003 90092 042 ***150.00

DOCUMENT # P98000062591

1. Entity Name
CJ FRUIT, INC.



Principal Place of Business
5324 DUEY RD
POLK CITY FL 33868

Mailing Address
5324 DUEY RD
POLK CITY FL 33868



2. Principal Place of Business

5324 Duey Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 56
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Polk City FL

City & State

Polk City FL

4. FEI Number 65-0860062

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATE, COY J
5324 DUEY RD
POLK CITY FL 33868

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PST PATE, COY J
STREET ADDRESS 5324 DUEY RD
CITY-ST-ZIP POLK CITY FL 33868

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME PST PATE, COY J
STREET ADDRESS 5324 DUEY RD
CITY-ST-ZIP POLK CITY FL 33868

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-03

Date

863-984-7246

Daytime Phone #

CR2E034 (10/02)