

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

08-31-2001 90001 033 ***550.00

DOCUMENT # P98000086876
1. Entity Name
TROPICAL PRODUCE SALES, INC.

Principal Place of Business
1305 WEST MARTIN LUTHER KING JR. BLVD.
UNIT 1
PLANT CITY FL 33567
US
Mailing Address
POST OFFICE BOX 3118
PLANT CITY FL 33564
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1307 W. Martin Luther King Jr
Suite, Apt. #, etc.
Unit 7
3. Mailing Address
P.O. Box 3118
Suite, Apt. #, etc.

City & State
Plant City, FL
City & State
Plant City FL
Zip
33567
Country
USA
Zip
33564
Country
USA

4. FEI Number 59-3539992
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, JACK M
1305 WEST MARTIN LUTHER KING JR. BLVD.
PLANT CITY FL 33567

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.
SIGNATURE Jack M Davis
DATE 8/23/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, City-ST-ZIP.

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED Jack M Davis
Date 9/10/01
Daytime Phone # 813 757 2465

CR2E034 (5/01)