2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000092747**

Entity Name

NATURE'S CHOICE PRODUCE, INC.

Principal Place of Business

Mailing Address

2370 NORTH PALAFOX ST. BLDG. 2

2370 NORTH PALAFOX ST. BLDG. 2

PENSACOLA FL 32501 PENSACOLA FL 32501-1750 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent

FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90003 017 ***150.00



DO NOT WRITE IN THIS SPACE

·							
City & State		City & State	City & State		El Number 59-3542384	<u> </u>	Applied For
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 A	Not Applicable dditional
·						Fee Requir	
	6. Name and Address of Current	Registered Agent	Nome	7. N	ame and Address of New Registered	Agent	
			Name				
DICKERSON, DOUGLAS				Street Address (P.O. Box Number is Not Acceptable)			
) north palafox St. Bldg. 2 Sacola Fl 32501		<u> </u>	-			· · · · · · · · · · · · · · · · · · ·
FEIN	SACOLA FL SZ301						
			City		FL	Zip Co	de
8 The above	e named entity submits this statement for	or the purpose of changi	na its reaistered office or	registered age	ent, or both, in the State of Florida.		
G. THE above	S Harried Orlary Submits (ins Statement	or the perpede or enange	g				
SIGNATURE							
SIGNATORIE	Signature, typed or printed name of registered agent	t and title if applicable.	(NOTE: Registered Agent signation	ure required when rei	instating) DATE		
9. This corpo	oration is eligible to satisfy its Intangible	e FILE N	OW!!! FEE IS \$150.0	00	40 Election Compaign Financing	ф.	00
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee					10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
(See crite	eria on back)	Make Check F	Payable to Department				
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN		
TITLE	P PIOUS POLICIA A	☐ Delete	TITLE			Change	Addition
NAME	DICKERSON, DOUGLAS	NC #0	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	2370 NORTH PALAFOX ST. BLD PENSACOLA FL 32501	N3 #2	CITY-ST-ZIP				
	V	☐ Delete	TITLE			☐ Change	Addition
TITLE NAME	DICKERSON, KAYE	□ Detete	NAME			Onlings	
STREET ADDRESS	2370 N. PALAFOX ST. BLDG #2	2	STREET ADDRESS	ļ			
CITY-ST-ZIP	PENSACOLA FL 32501	* * <u></u>	CITY-ST-ZIP				
TITLE	ST	☐ Delete	TITLE			Change	Addition Addition
NAME	BRUCE, MANN		. NAME				
STREET ADDRESS	2370 NORTH PALAFOX ST. BLD)G. #2	STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP			Channa	
TITLE		☐ Delete	TITLE NAME			☐ Change	Additio
NAME STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP				•
TITLE		☐ Delete	TITLE			☐ Change	☐ Additio
NAME	}	_3 = 41010	NAME				
			STREET ADDRESS				
STREET ADDRESS	1		CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP				I		☐ Change	☐ Additio
		☐ Delete	TITLE				_
CITY-ST-ZIP TITLE NAME		☐ Delete	NAME				_
CITY-ST-ZIP		□ Delete				vvanå.	_

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

4/10/00

850-434-2592

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Daytime Phone #

CR2E034 (9/99)