FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P98000092747 1. Entity Name NATURE'S CHOICE PRODUCE, INC. 04-20-2001 90014 048 ***150.00 Principal Place of Business Mailing Address 2370 NORTH PALAFOX ST. BLDG. 2 2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA FL 32501 PENSACOLA FL 32501 144453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3542384 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DICKERSON, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 2370 NORTH PALAFOX ST. BLDG. 2 PENSACOLA FL 32501 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 Delete Change ☐ Addition TITLE DICKERSON, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 2370 NORTH PALAFOX ST. BLDG #2 CITY-ST-ZIP CITY - ST - ZIP PENSACOLA FL 32501 ☐ Delete TITLE Change ☐ Addition TITLE DICKERSON, KAYE NAME NAME STREET ADDRESS STREET ADDRESS 2370 N. PALAFOX ST. BLDG #2 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Delete ☐ Change₂ - ☐ Addition TITLE NAME BRUCE, MANN NAME STREET ADDRESS STREET ADDRESS 2370 NORTH PALAFOX ST. BLDG. #2 CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

4/16/01 850-434-2592