


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2003 8:00 am**  
**Secretary of State**

06-06-2003 90044 006 \*\*\*150.00

<b>DOCUMENT #</b> P98000107633	
1. Entity Name <b>DEL CAMPO FRESH, INC.</b>	

Principal Place of Business <b>100 STATE RD 29 N FELDA FL 33930</b>	Mailing Address <b>PO BOX 1102 IMMOKALEE FL 34143</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3548693</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>SALAZAR, JOEL S</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1300 ORCHID AVENUE</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>IMMOKALEE FL 34142</b>		City <b>FL</b> 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: N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. 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
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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: X SIGNATURE REQUIRED **4-25-03** **1-239-657-0552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0841417 AT

DOCUMENT # **P98000107633**



80124837  
**COPY**



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FELDA FL 33930**

Mailing Address  
**PO BOX 1102  
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Applied For  
Not Applicable

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7. Name and Address of New Registered Agent

**SALAZAR, JOEL S  
1300 ORCHID AVENUE  
IMMOKALEE FL 34142**

Name

Street Address (P.O. Box Number is Not Acceptable)

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Make Check Payable to Florida Department of State**

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
NAME **SALAZAR, JOEL S**  
STREET ADDRESS **1300 ORCHID AVENUE**  
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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SIGNATURE: X Joel Salazar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03  
Date

1-239-657-0552  
Daytime Phone #

CR2E034 (10/02)