

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2003

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90128 039 ***150.00

DOCUMENT # P99000069570

1. Entity Name

Rorabeck's Produce, Inc.



DO NOT WRITE IN THIS SPACE

10097362

2. Principal Place of Business
5539 S. Military Trail

3. Mailing Address
5539 S. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, Fl

City & State
Lake Worth, Fl

4. FEI Number
65-0938889

Applied For
Not Applicable

Zip 33463 **Country** USA

Zip 33463 **Country** USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Rorabeck, Clarence

Street Address (P.O. Box Number is Not Acceptable)
5539 S. Military Trail

City Lake Worth, **FL** **Zip Code** 33463

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 *Clarence Rorabeck* **Clarence Rorabeck, Director** 4/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME Rorabeck, Clarence
STREET ADDRESS 5539 S. Military Trail
CITY-ST-ZIP Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME Rorabeck, David
STREET ADDRESS 5539 S. Military Trail
CITY-ST-ZIP Lake Worth, Fl 33463

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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 on an attachment with an address.

SIGNATURE: *David Rorabeck* **David Rorabeck** 4/30/03 (561) 964-1293

Signature and Title of Signing Officer or Director

Date

Daytime Phone #

CR2E034B (12/02)