## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P99000102578

CHANCEY, RICHARD

VALRICO, FL 33594

2725 ST. CLOUD OAKS

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA ELITE PRODUCE, INC.

FILED Apr 04, 2003 Secretary of State

Current P	rincipal Pla	ce of Business:	New Princip	New Principal Place of Business:		
1839 N. DOVER RD. DOVER, FL 33527				510 N TURKEY CREEK RD PLANT CITY, FL 33563		
Current N	lailing Addr	ess:	New Mailing	New Mailing Address:		
1839 N. D DOVER, F	OVER RD. FL 33527		P O BOX 70 SYDNEY, FL	33587		
FEI Number	: 59-3608366	FEI Number Applied For()	FEI Number Not Applica	ble ( ) Certificate of Status Desired	( )	
Name and	l Address of	Current Registered Agent:	Name and A	Name and Address of New Registered Agent:		
	DONALD E OVER RD. L 33527		P O BOX 70	HINTON, DONALD E P O BOX 70 SYDNEY, FL 33587		
	named entit e of Florida.	y submits this statement for the	purpose of changing its	registered office or registered agent, or	r both,	
SIGNATUI	RE:			04/04/2003		
	Electr	onic Signature of Registered Ag	jent	Date		
		ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HINTON, DO	EN OAKS PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD HOLMBERG 1321 N. VALI VALRICO, FL	RICO RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title <sup>.</sup>	SD	( ) Delete	Title <sup>.</sup>	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD E HINTON	PD	04/04/2003
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