

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90413 005 ***150.00

DOCUMENT # **592447** ✓
1. Entity Name **Calflo Produce, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2025 N. Dover Rd.

3. Mailing Address
P.O. Box 730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dover, FL

City & State
Plant City, FL

4. FEI Number
59-3089467

Applied For
Not Applicable

Zip
33527

Country
USA

Zip
33564

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

Name
Borchard, John

Street Address (P.O. Box Number is Not Acceptable)
1000 Harbour Island Blvd. #2302

City **Tampa** **FL** Zip Code **33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P**
NAME **Borchard, John G.**
STREET ADDRESS **1000 Harbour Island Blvd #2302**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V**
NAME **Gressor, Jack**
STREET ADDRESS **83 Valley View Dr.**
CITY-ST-ZIP **Pismo Beach, CA 93449**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)