

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90012 040 ***150.00

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DOCUMENT # V15037

1. Entity Name

C & J FRUIT AND MELONS, INC.

Principal Place of Business

1690 DUNDEE ROAD
 WINTER HAVEN FL 33880

Mailing Address

P.O. BOX 130
 LAKE HAMILTON FL 33851

2. Principal Place of Business

200 US Hwy 27 N
 Suite, Apt. #, etc.

3. Mailing Address

SAME PO Box 130
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Frostproof FL

City & State

LAKE HAMILTON FL

4. FEI Number

59-3109519

Applied For

Not Applicable

Zip

33843

Country

FL

Zip

33851

Country

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROWNE, CLEMON J
 102 RED GRAVE ROAD
 PO BOX 358
 LOUGHMAN FL 33850

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Clemon J Browne

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BROWNE, CLEMON J
 PO BOX 358
 LOUGHMAN FL 33858 ☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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

Clemon J Browne

Date

March 12 2001

Daytime Phone

863-635-1499

CR2E034 (10/00)