

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # L44197

1. Entity Name
PACIFIC COLLIER FRESH COMPANY

Principal Place of Business 925 NEW HARVEST RD IMMOKALEE FL 34142	Mailing Address PO BOX 413038 NAPLES FL 34101
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 65-0191339	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOUKONEN EVERETT D
 1320 N 15TH ST
 SUITE 200
 IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name
LOUKONEN EVERETT D

Street Address (P.O. Box Number is Not Acceptable)
1320 N 15TH ST

City
IMMOKALEE FL Zip Code
34142

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 _____ **04/30/2001**
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	SD LOUKONEN EVERETT D. <input type="checkbox"/> Delete 1320 N 15T ST IMMOKALEE FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COLLIER BARRON III <input type="checkbox"/> Delete 2600 GOLDEN GATE PARKWAY NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINELLI PAUL J <input type="checkbox"/> Delete 2600 GOLDEN GATE PARKWAY NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK HARRY J. <input type="checkbox"/> Delete 925 NEW HARVEST RD IMMOKALEE FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGLISH J. EDWIN <input type="checkbox"/> Delete 925 NEW HARVEST RD IMMOKALEE FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESFORMES JOSEPH E. <input type="checkbox"/> Delete 925 NEW HARVEST RD IMMOKALEE FL 34142

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COLLIER BARRON III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 GOLDEN GATE PARKWAY NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINELLI PAUL J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 GOLDEN GATE PARKWAY NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK HARRY H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 925 NEW HARVEST RD IMMOKALEE FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL J. MARINELLI **D** **04/30/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)