

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91216 040 ***150.00

0606629 AT

DOCUMENT # P96000088952

1. Entity Name
MARY ASHCRAFT'S INDIAN RIVER CITRUS FRUITS, INC.

Principal Place of Business 4126 SEMINOLE ROYAL OAK MI 48073 US	Mailing Address 4126 SEMINOLE ROYAL OAK MI 48073 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
38-3335041

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEROY E SMITH'S SONS, INC.
 4776 OLD DIXIE HIGHWAY
 VERO BEACH FL 32961**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ASHCRAFT, MARY L	
STREET ADDRESS	407 GREENWOOD	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	S	<input type="checkbox"/> Delete
NAME	ASHCRAFT, MARY L	
STREET ADDRESS	407 GREENWOOD	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENNEGHAN, MARY F	
STREET ADDRESS	4126 SEMINOLE	
CITY-ST-ZIP	ROYAL OAK MI 48073	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHCRAFT, MARY L	
STREET ADDRESS	407 GREENWOOD	
CITY-ST-ZIP	BIRMINGHAM MI 48009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mary Ashcraft*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/16/02* Daytime Phone #: *248-599-2251*

CR2E034 (9/01)