


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90058 001 \*\*\*150.00

**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



2. Principal Place of Business  
*18321 Riverside*

3. Mailing Address  
*same*

Suite, Apt. #, etc.

City & State  
*Beverly Hills, Mi*

City & State

Zip  
*48025*

Country

4. FEI Number **38-3335041**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Ashcraft*

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)