

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 303513**

1. Entity Name

**TOMATO MAN INC**

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90042 049 \*\*\*150.00

Principal Place of Business NEW MARKET RD UNIT 10 STATE FARMERS MARKET IMMOKALEE FL 33934 US	Mailing Address PO BOX 3266 IMMOKALEE FLA 34143-3266 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 306 EAST MAIN ST. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 3266 Suite, Apt. #, etc.
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City & State IMMOKALEE, FL. 34142	City & State IMMOKALEE, FL. 34143
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4. FEI Number 59-1116806	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

O'QUINN, JAMES  
 NEW MARKET RD  
 IMMOKALEE FL 33934

**7. Name and Address of New Registered Agent**

Name: JAMES W. O'QUINN  
 Street Address (P.O. Box Number is Not Acceptable): 306 EAST MAIN ST.  
 City: IMMOKALEE, FL. **FL** 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 \_\_\_\_\_ DATE 1-28-2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'QUINN, JAMES W. NEW MARKET RD. IMMOKALEE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD O'QUINN, APRIL NEW MARKET RD IMMOKALEE, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 EAST MAIN ST. IMMOKALEE, FL. 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 306 EAST MAIN ST. 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
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:** *[Signature]* **REQUIRE (PRESIDENT)** Date: 1-28-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Date: 941-657-5246 Phone #