

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

Mailing Address

NEW MARKET RD UNIT 10
STATE FARMERS MARKET
IMMOKALEE FL 33934
US

PO BOX 3266
IMMOKALEE FLA 34143-3266
US

2. Principal Place of Business

306 EAST MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 3266

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

IMMOKALEE, FL. 34142

Zip

Country

City & State

IMMOKALEE, FL. 34143

Zip

Country

4. FEI Number

59-1116806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

1-28-2000

SIGNATURE

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'QUINN, JAMES W.	NAME	
STREET ADDRESS	NEW MARKET RD.	STREET ADDRESS	306 EAST MAIN ST.
CITY-ST-ZIP	IMMOKALEE, FL 00000	CITY-ST-ZIP	IMMOKALEE, FL. 34142
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'QUINN, APRIL	NAME	
STREET ADDRESS	NEW MARKET RD	STREET ADDRESS	306 EAST MAIN ST.
CITY-ST-ZIP	IMMOKALEE, FL 00000	CITY-ST-ZIP	IMMOKALEE, FL. 34142
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

[Signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000

Date 941-657-5245 Phone #

CR2E034 (9/99)