

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 530026

1. Entity Name

TROPICAL NUT AND FRUIT, INC.

Principal Place of Business

3368 BARTLETT ROAD
ORLANDO FL 32811

Mailing Address

3368 BARTLETT ROAD
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

O'QUINN, MICHAEL A
28 WEST CENTRAL BLVD
4TH FLOOR
ORLANDO FL 32801

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.

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, 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
P WILLIAMSON, DAVID
6466 HAUGHTON LN
ORLANDO FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D WILLIAMSON, LOCK N.
615 ROBERTS RISE
OCOEEE FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST YORK, GERALD P.
11517 CORDAGE ST
CHARLOTTE NC ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPD WILLIAMSON, GARLAND
14 TILBURY CT
BRAMELEA ON ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D Williamson, Lock N.
615 ROBERTS RISE
OCOEEE, FL ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST YORK, GERALD P.
11517 CORDAGE ST
CHARLOTTE, NC 28273 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP D WILLIAMSON, GARLAND
14 TILBURY CT
BRAMELEA ON ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Cheryl Mackenzie
216 E. AMELIA ST.
ORLANDO, FL 32801 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Williamson

Date

Daytime Phone #

407-
1-9-01 843-8141

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90074 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)

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