

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

CR2E034 (9/01)

DOCUMENT # 626710

1. Entity Name

TOISNOT PRODUCE COMPANY

CK 11001

03-18-2002 90091 016 ***150.00

Principal Place of Business

**19769 152 NO ST
 LIVE OAK FL 32060
 US**

Mailing Address

**P.O. BOX 550
 SHARPSBURG NC 27878
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2055320

Applied For

Not Applicable

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

**PUTNAL, JACK L
 19769 ISLAND ST
 LIVE OAK FL 32060**

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, 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 NAME **VTD** ☒ Delete
 STREET ADDRESS **APOL, R. E**
 CITY-ST-ZIP **7651 A TOWN CREEK RD
 ELM CITY NC 27822**

TITLE NAME **VTD** ☐ Change ☒ Addition
 STREET ADDRESS **APOL, JOHN E.**
 CITY-ST-ZIP **4635 WINDSOR RD.
 ELM CITY, NC 27822**

TITLE NAME **PSD** ☐ Delete
 STREET ADDRESS **APOL, STEPHEN J**
 CITY-ST-ZIP **4978 COUNTRY LANE
 ROCKY MOUNT NC 27803**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3-4-2002 252. 446-1946

Date

Daytime Phone #