

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90211 001 \*1,500.00

UCS44/00

**DOCUMENT # P00000049308**

1. Entity Name

**FLORIDA ORGANIC FERTILIZER, INC.**

Principal Place of Business

1706 S. KINGS AVE.  
 BRANDON FL 33511-6216

Mailing Address

1706 S. KINGS AVE.  
 BRANDON FL 33511-6216

2. Principal Place of Business

3. Mailing Address

P.O. BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FLORIDA

4. FEI Number

59-3661968

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOMPKINS, H. CHRISTOPHER II**  
 1706 S. KINGS AVE.  
 BRANDON FL 33511-6216

Name

**H. CHRISTOPHER TOMPKINS, II**

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

*H. Christopher Tompkins, II*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/30/2001*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD TOMPKINS, H. CHRISTOPHER II**  
 STREET ADDRESS **1706 S. KINGS AVE.**  
 CITY-ST-ZIP **BRANDON FL 33511-6216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD TOMPKINS, ELIZABETH**  
 STREET ADDRESS **1706 S. KINGS AVE.**  
 CITY-ST-ZIP **BRANDON FL 33511-6216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD PADRON, ANNA R**  
 STREET ADDRESS **1706 S. KINGS AVE.**  
 CITY-ST-ZIP **BRANDON FL 33511-6216**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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:

*H. Christopher Tompkins, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/2001*

Date

813.685.7564 Ext 1#

Daytime Phone #

CR2E034 (10/00)