

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90285 039 ***550.00

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DOCUMENT # P02000075419

1. Entity Name
CARIBBEAN TRADING COMPANY OF WEST FLORIDA



Principal Place of Business
**5309 LAUREL POINTE DRIVE
VALRICO FL 33594**

Mailing Address
**5309 LAUREL POINTE DRIVE
VALRICO FL 33594**



2. Principal Place of Business
5936 FRANK WAY

3. Mailing Address
5936 FRANK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
APALACHICOLA, FLORIDA

City & State
APALACHICOLA, FLORIDA

4. FEI Number
04-3702970

Applied For
Not Applicable

Zip
33572

Country
U.S.A.

Zip
33572

Country
USA

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

**COLLINS, JEFFREY M
5309 LAUREL POINTE DRIVE
VALRICO FL 33594**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S COLLINS, JEFFREY M 5309 LAUREL POINTE DRIVE VALRICO FL 33594	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, KATHY 5309 LAUREL POINTE DRIVE VALRICO FL 33594	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/03

Date

813-645-2705

Daytime Phone #

CR2E034 (4/03)