

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070869

1. Entity Name

FANCY TOMATO, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90104 022 ***150.00

Principal Place of Business

Mailing Address

66 BAY MAGNOLIA LANE
SANTA ROSA BEACH FL 32459

66 BAY MAGNOLIA LANE
SANTA ROSA BEACH FL 32459-5468

2. Principal Place of Business

215 Quincy Circle

Suite, Apt. #, etc.

3. Mailing Address

215 Quincy Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seaside, FL

City & State

Seaside, FL

4. FEI Number

59-3482971

Applied For

Not Applicable

Zip

Country

32459

Zip

Country

32459

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEY, DOUGLAS L
66 BAY MAGNOLIA LANE
SANTA ROSA BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

318 Magnolia Creek Road

City

Santa Rosa Beach

FL

Zip Code

32459

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEY, DOUGLAS	
STREET ADDRESS	66 BAY MAGNOLIA LN	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLEY, PATRICIA	
STREET ADDRESS	66 BAY MAGNOLIA LN	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	318 Magnolia Creek Road
CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	318 Magnolia Creek Road
CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS ALLEY

4/18/00

850 231 0022

Date

Daytime Phone #