

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90048 025 ***150.00

MA10581 AV

DOCUMENT # 161484
 1. Entity Name
TOWER DAIRY, INC.

Principal Place of Business 1109 HUMMINGBIRD LANE BRANDON FL 33511 US	Mailing Address 1109 HUMMINGBIRD LANE BRANDON FL 33511 US
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DO NOT WRITE IN THIS SPACE

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 59-0631588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
BUSCIGLIO, JOE
1109 HUMMINGBIRD LANE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	P <input type="checkbox"/> Delete
NAME	BUSCIGLIO, JOHN A
STREET ADDRESS	2603 TRAPNELL RD EAST
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	STD <input type="checkbox"/> Delete
NAME	BUSCIGLIO, NORMEN
STREET ADDRESS	5209 E. COLUMBUS DR.
CITY-ST-ZIP	TAMPA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	ROMANO, JOSPEH R
STREET ADDRESS	2612 SHILO COURT
CITY-ST-ZIP	VALRICO FL 33594
TITLE	T <input type="checkbox"/> Delete
NAME	ROMANO, EDWIN F
STREET ADDRESS	3634 78TH ST SOUTH
CITY-ST-ZIP	TAMPA FL 33619
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Normen Busciglio* **SIGNATURE REQUIRED** Date 2/11/02 Daytime Phone # 813-685-7751

CR2E034 (9/01)