

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 0201 AI

DOCUMENT # A95000001432

1. Entity Name

CB TANK FARM, LTD.

FILED

02 MAR 19 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1975 WEST STATE ROAD 426
OVIEDO FL 32765**

Mailing Address
**P.O. BOX 620257
OVIEDO FL 32762-0257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3341975

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

**LIVINGSTON, CALVIN J
1975 WEST STATE ROAD 426
OVIEDO FL 32765**

Name
Chapman, Tracy Duda
Street Address (P.O. Box Number is Not Acceptable)
1975 West State Road 426

City **Oviedo** **FL** Zip Code **32765**

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

Tracy Duda Chapman

3/8/02

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

DATE

9. Capital Contributions
as Shown on record.

\$375,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$375,000.00

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **583341**
NAME **SOUTHLAND PRODUCE SALES OF FLORIDA, INC.**
STREET ADDRESS **1975 WEST STATE ROAD 426**
CITY-ST-ZIP **OVIEDO FL 32765**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **800005152918--0**
CITY-ST-ZIP **03/25/02 01034-000
*****535.00 *****535.00**

DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Dud J. Duda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 7 2002

Date

(407) 365-2111

Daytime Phone #

CR2E003 (9/01)