## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # H50442 BUSBEE TOMATO COMPANY, INC. 04-10-2001 90084 048 \*\*\*150.00 Principal Place of Business Mailing Address P. O. BOX 2515 P. O. BOX 2515 PENSACOLA FL 32513 PENSACOLA FL 32513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2476591 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUSDEE TERRY D. BUSBEE, W. CLYDE Street Address (P.O. Box Number is Not Acceptable) 136 SIGUENZA DR. **GULF BREEZE FL 32561** 963 Summit Blud. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change TITLE 💢 Delete TITI F BUSBEE, W. CLYDE NAME MAME 136 SIGUENZA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Change TITLE ☐ Addition TITLE ☐ Delete President Director BUSBEE, TERRY D NAME NAME 1963 SUMMIT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 TITLE TITLE □ Delete Vice President Director BUSBEE, STEVE J NAME NAME STREET ADDRESS 136 SIGUENZA DR. STREET ADDRESS CITY-ST-ZIP **GULF BREEZE FL 32561** CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Addition BUSBEE, JAN B NAME NAME 136 SIGUENZA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 Change TITLE Delete TITLE ☐ Addition BUSBEE, RONALD S NAME NAME SecretARY /TREASURER STREET ADDRESS 5510 TRAFALGAR DR. STREET ADDRESS CITY-ST-7IP PENSACOLA FL 32504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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 attendment with an address, with all other like empowered.

SIGNATURE: Juny W. Junsber FRRY D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01 850 434-551