

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90111 009 ***150.00

DOCUMENT # H50442

1. Entity Name
BUSBEE TOMATO COMPANY, INC.



Principal Place of Business
P. O. BOX 2515
PENSACOLA FL 32513

Mailing Address
P. O. BOX 2515
PENSACOLA FL 32513



2. Principal Place of Business
801 W ROMANA ST
Suite, Apt. #, etc.
N/A

3. Mailing Address
PO BOX 2515
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA Florida

City & State
PENSACOLA Florida

4. FEI Number **59-2476591**

Applied For
Not Applicable

Zip
32501

Country
USA

Zip
32513

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSBEE, TERRY D
1963 SUMMIT BLVD
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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 **TERRY D BUSBEE**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **BUSBEE, TERRY D**
STREET ADDRESS **1963 SUMMIT BLVD.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **VD** ☐ Delete
NAME **BUSBEE, STEVE J**
STREET ADDRESS **136 SIQUENZA DR.**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **ST** ☐ Delete
NAME **BUSBEE, RONALD S**
STREET ADDRESS **5510 TRAFALGAR DR.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OF RON BUSBEE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-850-434-5119
504/944 1-7-03

Date

Daytime Phone #

CR2E034 (10/02)