

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006026

1. Entity Name

GULF CITY FARMING, L.C.

Principal Place of Business

209 SOUTH WESTLAND, APT. 3
TAMPA FL 33606

Mailing Address

209 SOUTH WESTLAND, APT. 3
TAMPA FL 33606

2. Principal Place of Business

2810 W. AQUILLA ST
Suite, Apt. #, etc.

3. Mailing Address

2810 W. AQUILLA ST.
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3648702

Applied For

Not Applicable

Zip

33629

Country

HILLSBOROUGH

Zip

33629

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FSK, TIMOTHY M
209 SOUTH WESTLAND, APT. 3
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name FISK, TIMOTHY M

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

2810 W. AQUILLA ST.

City

TAMPA

FL

Zip Code

33629

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

TIMOTHY M. FISK (MEMBER)

6/28/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MEMBER (MANAGER) ☐ Delete
NAME CARL NICHOLS FISK JR.
STREET ADDRESS 26 BOOTS POINT ROAD
CITY-ST-ZIP TERRA CIEA, FL 34250

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 ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] TIMOTHY M. FISK

9/24/01

813-917-6894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 SEP 28 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (5/01)

STAPLE CHECK HERE