

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 04, 2003 8:00 am  
Secretary of State

02-04-2003 90057 035 \*\*\*\*50.00

DOCUMENT # L02000028452



1. Entity Name  
**NATIONFRESH, LLC**

Principal Place of Business  
**% PACIFIC TOMATO GROWERS  
503 10TH STREET  
WEST PALMETTO FL 34221**

Mailing Address  
**% PACIFIC TOMATO GROWERS  
503 10TH STREET  
WEST PALMETTO FL 34221**

00022004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1660081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEELEY, PETER L  
GRANT, FRIDKIN, PEARSON ET AL.  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. ADDITIONS TO MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MANAGEMENT COMMITTEE MBR <input type="checkbox"/> Delete
NAME	CHRISTIAN COMITO
STREET ADDRESS	1505 NORTH AVE.
CITY-ST-ZIP	NORWALK, IA 50211
TITLE	MANAGEMENT COMMITTEE MEMBER <input type="checkbox"/> Delete
NAME	ELIZABETH ESFORMES
STREET ADDRESS	503 10TH STREET
CITY-ST-ZIP	WEST PALMETTO, FL 34221
TITLE	MANAGEMENT COMMITTEE MBR <input type="checkbox"/> Delete
NAME	EROST SPADA, JR
STREET ADDRESS	8448 NE 33RD DRIVE
CITY-ST-ZIP	PORTLAND
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE # 9
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE # 9
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE # 9
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	

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: Christian Comito JURED 1-18-03 515-981-2124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)