

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90010 004 ***150.00

DOCUMENT # L873731. Entity Name
GATOR HARVESTING INC.Principal Place of Business
**891 DEVIL'S GARDEN ROAD
LABELLE FL 33935-4012**Mailing Address
**891 DEVIL'S GARDEN ROAD
LABELLE FL 33935-4012**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
891 Cowboy Way
Suite, Apt. #, etc.3. Mailing Address
P.O. Box 280
Suite, Apt. #, etc.City & State
Labelle FL
Zip
33935-4012Country
USACity & State
Labelle FL
Zip
33975-0280Country
USA4. FEI Number **65-0214860**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****NOBLES, LEWIS J
620 FT. THOMPSON AVE
LABELLE FL 33935****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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NOBLES, LEWIS J. JR.
620 FORT THOMPSON AVENUE
LABELLE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NOBLES, LEWIS III
596 FTTHOMPSAON AVE
LABELLE FL 33935** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ENGLE, JERRI S
1805 FT. DENAUD ROAD
LABELLE FL 33935** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Lewis J. Nobles, Jr.
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/21/01
Date(863) 675-6699
Daytime Phone #

CR2E034 (10/00)