

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000635

1. Entity Name

FLORIDA FRESH FARMS, INC.

Principal Place of Business

641-645 S. 6TH AVE.  
WAUCHULA FL 33873

Mailing Address

PO BOX 1563  
WAUCHULA FL 33873

2. Principal Place of Business

3. Mailing Address

620 S. Sixth St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wauchula FL

Zip

Country

Zip

Country

33873

USA

4. FEI Number 65-0971234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASSO, MARCEL P

620 S. 6TH AVE

WAUCHULA FL 33873

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BASSO, FRANK T</b> <b>620 S. 6TH AVE</b> <b>WAUCHULA FL 33873</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90154 019 \*\*\*150.00

849232



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)