

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90106 038 \*\*\*550.00

**DOCUMENT # P00000032052**

1. Entity Name  
**TIBBAR FOOD, INC.**

Principal Place of Business  
**400 SOUTH 15TH STREET**  
**FERNANDINA BEACH FL 32034**

Mailing Address  
**400 SOUTH 15TH STREET**  
**FERNANDINA BEACH FL 32034**

2. Principal Place of Business

**5266 SR 200**

3. Mailing Address

**P.O. BOX 1166**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 7A**

City & State  
**CALLAHAN FLORIDA**

City & State  
**CALLAHAN FLORIDA**

4. FEI Number  
**59-3641953**

Applied For  
☐ Not Applicable

Zip Country  
**32011 NASSAU**

Zip Country  
**32011 NASSAU**

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

**A. JEFFREY TOMASSETTI**  
**406 ASH STREET**  
**FERNANDINA BEACH FL 32034**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
**PSTD CARNES, KATHLEEN**  
 STREET ADDRESS **400 SOUTH 15TH STREET**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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: **KATHLEEN CARNES**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-01**  
 Date

**904-879-0510**  
 Daytime Phone #

CR2E034 (5/01)