

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90396 017 ***150.00

DOCUMENT # P00000032052

1. Entity Name

TIBBAR FOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5266 SR 200

3. Mailing Address

P.O. BOX 1166

Suite, Apt. #, etc.

SUITE 7A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CALLAHAN FLORIDA

City & State

CALLAHAN FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

32011

Country

NASSAU

Zip

32011

Country

NASSAU

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 PSTD
NAME CARNES, KATHLEEN
STREET ADDRESS 400 SOUTH 15TH ST.
CITY-ST-ZIP FERNANDINA BCH., FLORIDA 32034

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen T Carnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002
Date

904-879-0510
Daytime Phone #

CR2E034B (12/01)