

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049308

1. Entity Name

FLORIDA ORGANIC FERTILIZER, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90211 001 *1,500.00

US34780

Principal Place of Business 1706 S. KINGS AVE. BRANDON FL 33511-6216	Mailing Address 1706 S. KINGS AVE. BRANDON FL 33511-6216
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. BOX 888 Suite, Apt. #, etc. City & State BRANDON, FLORIDA Zip
--	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3661968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMPKINS, H. CHRISTOPHER II 1706 S. KINGS AVE. BRANDON FL 33511-6216	
7. Name and Address of New Registered Agent Name H. CHRISTOPHER TOMPKINS, II 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 *H. Christopher Tompkins, II* DATE *4/30/2001*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PD TOMPKINS, H. CHRISTOPHER II 1706 S. KINGS AVE. BRANDON FL 33511-6216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOMPKINS, ELIZABETH 1706 S. KINGS AVE. BRANDON FL 33511-6216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PADRON, ANNA R 1706 S. KINGS AVE. BRANDON FL 33511-6216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *H. Christopher Tompkins, II* DATE: *4/30/2001* 813.685.7564 Ext 1#

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)