

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053808

1. Entity Name

BLUE GATOR GROWERS, INC.

Principal Place of Business

3046 SOUTH CONGRESS AVE.
LAKE WORTH FL 33461

Mailing Address

3046 SOUTH CONGRESS AVE.
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

65-1107991

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKWOOD, THOMAS B
3046 SOUTH CONGRESS AVE.
LAKE WORTH FL 33461

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, 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

TITLE PVST
NAME BLACKWOOD, THOMAS B
STREET ADDRESS 3046 SOUTH CONGRESS AVE.
CITY-ST-ZIP LAKE WORTH FL 33461

Delete

TITLE D
NAME BLACKWOOD, THOMAS B
STREET ADDRESS 3046 SOUTH CONGRESS AVE.
CITY-ST-ZIP LAKE WORTH FL 33461

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
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:

SIGNATURE OF THOMAS B BLACKWOOD

Date

Daytime Phone

4/30/02 (561) 968-4450

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-23-2002 90065 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)