

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-13-2002 90254 015 ***150.00

DOCUMENT # P01000056386

1. Entity Name
FLORIDA ORGANIX, INC.

Principal Place of Business Mailing Address
 5373 RILEY LANE 5373 RILEY LANE
 PT. CHARLOTTE FL 33981 PT. CHARLOTTE FL 33981

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-1109673** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
IZZO, JOHN P
180 N. INDIANA AVE.
ENGLEWOOD FL 34223

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. I am familiar with, and accept the obligations of registered agent.

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

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 13, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Martin Camp 2408 Roxbury Circle North Port FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Matukaitis Crestwood Rd PO Box 1681 Englewood Fla 34295
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** Date **7/22/02** Daytime Phone # **941-423-9727**

CR2E034 (4/02)

Attachment

 40112

Florida Organix, Inc.

2448 Roxbury Circle

North Port, FL. 34287

P01000056386

To whom this may concern;

I received a tax bill for 550.00 on July 3rd 2002. I had paid 150. in April. I called and spoke with, a woman named Ula, Who said there had been a letter sent out requesting additional information. I never received the letter or I would I supplied the additional information..Enclosed-in-this-package-is-the-missing information if you could wave the 550.00 it would be greatly appreciated?

Thank you for your time,

Christina Dea