

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90276 011 \*\*\*150.00

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DOCUMENT # **P01000056386**



1. Entity Name  
**FLORIDA ORGANIX, INC.**

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

Mailing Address  
**5373 RILEY LANE  
PT. CHARLOTTE FL 33981**



2. Principal Place of Business  
**2448 Roxbury Cir**  
Suite, Apt. #, etc.

3. Mailing Address  
**2448 Roxbury Cir**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**North Port FL.**  
Zip  
**34287** Country  
**USA**

City & State  
**North Port FL.**  
Zip  
**34287** Country  
**USA**

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  
**Mark H. KNAUF**  
Street Address (P.O. Box Number is Not Acceptable)  
**1286 N INDIANA AVE.**  
**Suite B**  
City  
**Englewood** FL Zip Code  
**34224**

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 **Mark H. KnauF**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Delete  
NAME **CAMP, MARTIN**  
STREET ADDRESS **2448 ROXBERRY CIRCLE**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **MATUKATS, CHARLES**  
STREET ADDRESS **CRESTWOOD ROAD P.O BOX 1681**  
CITY-ST-ZIP **ENGLEWOOD FL 34295**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark H. KnauF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-03**  
Date

**941-815-8503**  
Daytime Phone #

CR2E034 (10/02)