

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

0529166 AV

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)
1086 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 NAME STREET ADDRESS CITY-ST-ZIP	VP CAMP, MARTIN 2448 ROXBERRY CIRCLE NORTH PORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATUKATS, CHARLES CRESTWOOD ROAD P.O BOX 1881 ENGLEWOOD FL 34295	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)