## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Aug 06, 2003 8:00 am Secretary of State			
DOCU 1. Entity Nam	MENT # <b>P0200</b>	001	9150 (	1			08-06-2003 900			
ALL AMERICAN TOMATO COMPANY										
Principal Plac 249 S.W. INW PORT ST LUC	OOD AVE	Mailing Address 249 S.W. INWOOD AVE PORT ST LUCIE FL 34984					4 100 MICEL IN 2011 I MAII 2041 CON I	<b>1</b> ()) <b>(())</b> ()	(818 1318) II.BB(	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	& State				Number / -3602/06			pplied For ot Applicable
Zip	Country	Zip		Coun	try	<b>5.</b> Cer	rtificate of Status Desired		<b>8.75</b> Add ee Require	ditional ed
6. Name and Address of Current Registered Agent						7. Na	ne and Address of New Reg	stered A	gent	
THUR OW THOMAS II ID					Name					·
THURLOW, THOMAS H JR 17 MATIN L. KING JR BLVD				ı	Street Address	(P.O. Box	Number is Not Acceptable)			
STUART FL 34994					<del></del>	<del></del>			<del></del>	
\(\frac{1}{2}\)				1	City				T 7:- Cod	
					City			FL	Zip Cod	
	named entity submits this statement for ions of registered agent.	r the purpo	ose of changing its re	egistere	ed office or registe	ered agent	t, or both, in the State of Florid	a. I am fa	amiliar with,	and accept
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if appl	icable. (NOTE: I	Hegistered	d Agent signature require	ad when reinst	ating)	DATE		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				_			9. Election Campaign Finant Trust Fund Contribution.		Added	May Be to Fees
10,	OFFICERS AND	DIRECTO		11.		ADDI	TIONS/CHANGES TO OFFICE	RS AND		
TITLE NAME	D   Fairbrother, Dennis G		☐ Delete	NAME					☐ Change	Addition
STREET ADDRESS	249 S.W. INWOOD AVE				ET ADDRESS					
CITY-ST-ZIP	PORT ST LUCIE FL 34984			CITY-	-ST-ZIP					
TITLE	D .		☐ Delete	TITLE					☐ Change	Addition
NAME	SCHWEIGART, JOSEPH A III			NAME	<b>.</b>					
STREET ADDRESS CITY-ST-ZIP	6452 S.E. CLAIRMONT PLACE HOBE SOUND FL 33455				ET ADDRESS ST-ZIP					
TITLE			☐ Delete	TITLE	<del></del>				☐ Change	Addition
NAME	·			NAME	:					_
STREET ADDRESS				B.	ET ADDRESS					
CITY-ST-ZIP	<del></del>				-ST-ZIP	<del></del>			Change	- Addition
NAME			☐ Delete	TITLE NAME	Į.				☐ Change	☐ Addition
STREET ADDRESS				STREE	ET ADDRESS					
CITY-ST-ZIP	····			CITY	ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS				NAME STREE	ET ADDRESS					
CITY-ST-ZIP					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 of 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 into an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition

## ALL AMERICAN TOMATO COMPANY 249 S.W. INWOOD AVE. PORT ST LUCIE, FL. 34984

P0200019150

To Whom It May Concern,

I am writing in order to let you know that I, we, have not previous to this mailing, received any notification regarding the Uniform Business Report.

Thank you for your consideration to this matter.

Sincerely,

Dennis G. Fairbrother

President