

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90960 026 ***150.00

DOCUMENT # P02000026659

1. Entity Name
TOLA PRODUCE, INC.



Principal Place of Business
**7522 N 40 STREET
TAMPA FL 33604**

Mailing Address
**7522 N 40 STREET
TAMPA FL 33604**

2. Principal Place of Business
1815 Curry Road
Suite, Apt. #, etc.

3. Mailing Address
1815 Curry Road
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Lutz FL
Zip
33549 Country
USA

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Lutz FL
Zip
33549 Country
USA

4. FEI Number
02-0576086 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHORT, PAUL R
1815 CURRY ROAD
LUTZ FL 33549**

Name **Short, Paul R.**
Street Address (P.O. Box Number is Not Acceptable)
7522 N. 40th St
City **Tampa** FL Zip Code **33604**

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

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 | PD TOLA, ALBERTO E 7522 N 40 STREET TAMPA FL 33604 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD TOLA, JEMELLE N 1815 CURRY ROAD LUTZ FL 33549 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1815 Curry Road Lutz FL 33549 | <input checked="" 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:

Alberto E. Tola **2/09/03** **813-631-1983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)