

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90178 022 ***150.00

DOCUMENT # P92000010971

1. Entity Name

PASCO GLOBAL CITRUS, INC.

Principal Place of Business

400 NORTH TAMPA STREET
SUITE 1800
TAMPA FL 33602
US

Mailing Address

400 NORTH TAMPA STREET
SUITE 1800
TAMPA FL 33602
US

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 59-3156048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, CARL J
2020 US HIGHWAY 17 S
BARTOW FL 33831

7. Name and Address of New Registered Agent

Name
Nathaniel L. Doliner, Esq.
Street Address (P.O. Box Number is Not Acceptable)
One Harbour Place, 5th Floor
777 Harbour Island Boulevard
City
Tampa FL Zip Code
33602

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.

SIGNATURE

NATHANIEL L. DOLINER, ESQ.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 24, 2001

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	CD ABE, TOSHIYUKI 7-8 TACHIBANA 4-CHOME SUMIDA-KU TOKYO 131, JAPAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HART, JOESEPH B 625 BRIDGERS AVE AUBURNDAL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABE, ISAO 7-8 TACHIBANA 4-CHOME SUMIDA-KU TOKYO 131, JAPAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAD WILSON, GEORGE 2020 US HIGHWAY 17 S BARTOW FL 33831	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABE, TAKAAKI 7-8 TACHIBANA 4-CHOME SUMIDA-KU TOKYO 131 JAPAN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ADE, TAKAAKI 7-8 TACHIBANA 4-CHOME SUMIDA-KU TY 131	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABE, TOSHIYUKI 7-8 TACHIBANA 4-CHOME SUMIDA-KU TOKYO 131, JAPAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DAVID TEGREENE 1308 ARIANA WOODS CIRCLE AUBURNDAL FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABE, ISAO 7-8 TACHIBANA 4-CHOME SUMIDA-KU TOKYO 131, JAPAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ROBERT NORBERG 1251 PRISTINE PLACE LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D RICK LECOMTE 4156 53 AVENUE WEST REDINGTON BEACH, FL 34210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D ABE, TAKAAKI 7-8 TACHIBANA, 4-CHOME SUMIDA-KU TOKYO 131, JAPAN	<input checked="" 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 life empowered.

SIGNATURE:

Robert Norberg

1/23/2001

877-595-3727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)