


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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91096 045 ***150.00

DOCUMENT # *093000047*

1. Entity Name
Bloomington Growers
3902 E Bloomington
Tampa Fla. 33619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3902 E Bloomington

3. Mailing Address
3902 E Bloomington

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa Fla. 33594

City & State
Valrico Fla

Country
USA

Zip
33594

4. FEI Number
593193537

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Anne May Davidson* *Charles T Davidson* *March 14 2003*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Owner - President</i> <i>Charles Davidson</i> <i>3902 E Bloomington</i> <i>Valrico Fla 33594</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Owner Vice President</i> <i>Anne May Davidson</i> <i>3902 E Bloomington</i> <i>Valrico Fla 33594</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne May Davidson* *Charles T Davidson* *March 14 2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *March 14 2003* Daytime Phone *813 684 6923*