

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028216

1. Entity Name

CAR-SWELL TOMATO SALES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90054 033 ***150.00

Principal Place of Business Mailing Address
551 103RD AVE 551 103RD AVENUE
~~IMMOKALEE STATE FARMERS MARKET~~ NAPLES PARK FL 34108-3218
NAPLES PARK FL 34108 US
US

707018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
551 103RD AVE NAPLES FL 34108
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL.

Zip Country Zip Country
34108 COLLIES

4. FEI Number 65-0493260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARSWELL, SAMUEL A JR
551 103RD AVENUE
NAPLES FL 34108

7. Name and Address of New 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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
VPST CARSWELL, SAMUEL A JR 551 103RD AVE NAPLES PARK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 like empowered. **SAMUEL A. CARSWELL, JR.**

SIGNATURE **SAMUEL A. CARSWELL, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000 941-598-2978
Date Daytime Phone #