

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90196 022 ***150.00

DOCUMENT # P94000089970

1. Entity Name

TRACTOR LADY OF FLORIDA, INC.



Principal Place of Business

7722 NW 64TH ST

MIAMI FL 33166

US

Mailing Address

7722 NW 64TH ST

MIAMI FL 33166

US

2. Principal Place of Business

8322 N.W. 64 Street

Suite, Apt. #, etc.

3. Mailing Address

8322 N.W. 64 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA

City & State

Miami, Florida

Zip

33166

Country

USA

4. FEI Number

65-0546246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, KAREN

7722 NW 64TH STREET

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

CAMPBELL, KAREN

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

8322 N.W. 64 Street

City

Miami,

FL

Zip Code

33166

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

TITLE DP
NAME CAMPBELL, KAREN
STREET ADDRESS 7722 NW 64TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DV
NAME CAMPBELL, BRYAN
STREET ADDRESS 7722 NW 64TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE DS
NAME VARELA, ANGELICA
STREET ADDRESS 7722 NW 64TH ST
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME CAMPBELL, KAREN
STREET ADDRESS 8322 N.W. 64 Street
CITY-ST-ZIP Miami, Florida 33166 ☒ Change ☐ Addition

TITLE DV
NAME CAMPBELL, BRYAN
STREET ADDRESS 8322 N.W. 64 Street
CITY-ST-ZIP Miami, Florida 33166 ☒ Change ☐ Addition

TITLE DS
NAME VARELA, ANGELICA
STREET ADDRESS 8322 N.W. 64 Street
CITY-ST-ZIP Miami, Florida 33166 ☒ Change ☐ Addition

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

Daytime Phone #

CR2E034 (10/02)