

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077943

1. Entity Name

CBI HARVESTING, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90144 043 ***150.00

UUUUUUUU



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
629 FT. MEODE ROAD FROSTPROOF FL 33843	629 FT. MEODE ROAD FROSTPROOF FL 33843

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3326386	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent
CRUMBLY, DEBORAH 2151 C.R. 630 W FROSTPROOF FL 33843

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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, 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	PD
NAME	CRUMBLY, JEREL L
STREET ADDRESS	629 FT. MEODE ROAD
CITY-STATE-ZIP	FROSTPROOF FL 33843
TITLE	VD
NAME	CRUMBLY, RICHARD L
STREET ADDRESS	629 FT. MEODE ROAD
CITY-STATE-ZIP	FROSTPROOF FL 33843
TITLE	ST
NAME	CRUMBLY, DEBORAH L
STREET ADDRESS	629 FT. MEODE ROAD
CITY-STATE-ZIP	FROSTPROOF FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Crumbly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

863 635 4004

CR2E034 (10/00)