

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101542

1. Entity Name

SUSTAINABLE AGRICULTURAL PRODUCTS, INC.

Principal Place of Business

5411 ST. HELENA RD.
LAKE WALES FL 33853

Mailing Address

5411 ST. HELENA RD.
LAKE WALES FL 33853-7525

2. Principal Place of Business

3. Mailing Address

P.O. BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FL

Zip

Country

Zip

Country

33509-0888

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMPKINS, HOWARD C II
1706 SOUTH KINGS AVE
BRANDON FL 33511

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)

04/30/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, ERNEST W	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOMPKINS, HOWARD C II	
STREET ADDRESS	1706 SOUTH KINGS AVE	
CITY-ST-ZIP	BRANDON FL 33511-6216	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, TIM	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BILLY	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, BRITTANY F	
STREET ADDRESS	5411 ST. HELENA RD.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FORD, TOM	
STREET ADDRESS	5411 ST. HELENA ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, HOWARD C II	
STREET ADDRESS	1706 S KINGS AVE	
CITY-ST-ZIP	BRANDON, FL 33511-6216	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, TIM	
STREET ADDRESS	5411 ST. HELENA RD	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2000

Date

813-685-7564

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91183 001 ***125.00

05-17-2000 91183 002 ****25.00

CR2E034 19/99