

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90039 005 ***150.00

0387378

DOCUMENT # P98000014205

1. Entity Name
PAUL AND TINA'S RED BARN PLANTS & PRODUCE, INC.

Principal Place of Business
**8782 ALICO ROAD
 FORT MYERS FL 33912**

Mailing Address
**8782 ALICO ROAD
 FORT MYERS FL 33912**

547240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20871 S. Tamiami Tr.

3. Mailing Address
20871 S. Tamiami Trail

City & State
Estero, Florida

City & State
Estero, Florida

4. FEI Number **65-0842953** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**WISHENGRAD, TINA
 8782 ALICO RD
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent
 Name **Wishengrad, Tina**
 Street Address (P.O. Box Number is Not Acceptable)
20871 South Tamiami Trail
 City **Estero** FL Zip Code **33928**

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 *Tina Wishengrad*
 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFERTY, PAUL		NAME	Paul Rafferty	
STREET ADDRESS	8782 ALICO ROAD		STREET ADDRESS	20871 South Tamiami Trail	
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	Estero, Florida 33928	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHENGRAD, TINA		NAME	Tina Wishengrad	
STREET ADDRESS	8782 ALICO ROAD		STREET ADDRESS	20871 South Tamiami Trail	
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP	Estero, Florida 33928	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Tina Wishengrad*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2001
 Date

944-657-7648
 Daytime Phone #

CR2E034 (10/00)