

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90870 017 ***150.00

DOCUMENT # P98000014205

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

Principal Place of Business

20871 S TAMiami TRAIL
ESTERO FL 33928

Mailing Address

20871 S TAMiami TRAIL
ESTERO FL 33928

2. Principal Place of Business

3330 CR 850 BOX 111d

Suite, Apt. #, etc.

3. Mailing Address

3330 CR 850 BOX 111d

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Immokalee, Florida

City & State

Immokalee, Florida

4. FEI Number

65-0842953

Applied For

Not Applicable

Zip

34142

Country

Lee

Zip

34142

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISHENGRAD, TINA

20871 SOUTH TAMiami TRAIL

ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Tina Wishengrad

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

3330 CR 850 BOX 111d

City

Immokalee

FL

Zip Code

34142

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

April 30, 2002

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, 2002 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	D <input type="checkbox"/> Delete
NAME	RAFFERTY, PAUL
STREET ADDRESS	20871 SOUTH TAMiami TRAIL
CITY-ST-ZIP	ESTERO FL 33928
TITLE	D <input type="checkbox"/> Delete
NAME	WISHENGRAD, TINA
STREET ADDRESS	20871 SOUTH TAMiami TRAIL
CITY-ST-ZIP	ESTERO FL 33928
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFERTY, PAUL
STREET ADDRESS	3330 CR 850 BOX 111d
CITY-ST-ZIP	Immokalee, FL 34142
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wishengrad, Tina
STREET ADDRESS	3330 CR 850 BOX 111d
CITY-ST-ZIP	Immokalee, FL 34142
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:

Tina Wishengrad
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002 **941-657-7618**

Date

Daytime Phone #

CR2E034 (9/01)