

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059779

1. Entity Name

GORDON HARVESTING, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91568 022 ***158.75

Principal Place of Business

1507 ANGLE RD.
FT. PIERCE FL 34947

Mailing Address

1507 ANGLE RD.
FT. PIERCE FL 34947

2. Principal Place of Business

415 N. 38th St.

Suite, Apt. #, etc.

3. Mailing Address

415 N. 38th St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0849613

Applied For

Not Applicable

Zip

34947

Country

USA

Zip

34947

Country

USA

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, BRENT G

1612 AVE. G.

FT. PIERCE FL 34950

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)

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
NAME GORDON, BRENT G
STREET ADDRESS 1612 AVE. G.
CITY-ST-ZIP FT. PIERCE FL 34950 ☒ Delete

TITLE D
NAME Raymonds Gordon, Jr.
STREET ADDRESS 1600 Timber Lakes Dr.
CITY-ST-ZIP Ft. Pierce, FL 34947 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Raymond Gordon Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

561-465-3251

Daytime Phone #

CR2E034 (10/00)