

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063317

1. Entity Name

FLORIDA ORGANICS, INC.

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

05-17-2000 91182 001 ***600.00

Principal Place of Business

5411 ST. HELENA ROAD
LAKE WALES FL 33853

Mailing Address

5411 ST. HELENA ROAD
LAKE WALES FL 33853-7525

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 888

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

Country

33509-0888



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3612254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMPKINS, HOWARD C
1706 S KINGS AVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

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)

☒ XIX

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FORD, TIM
5411 ST. HELENA ROAD
LAKE WALES FL 33853

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
DST
FORD, TOM
BOX 77
BRYCEVILLE FL 32009

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
TOMPKINS, HOWARD C II
110 CENTRAL DRIVE
BRANDON FL 33510-4320

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 #