

DOCUMENT # P99000008257

1. Entity Name
TAMPA BAY ORGANICS, INC.

FILED
00 DEC 13 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
19 WARREN TERRACE **19 WARREN TERRACE**
LONGMEADOW MA **LONGMEADOW MA 01106-1348**

2. Principal Place of Business 3. Mailing Address
6727 S. Lois AVE **P.O. BOX 594**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TAMPA, FL **E. LONGMEADOW MA**
Zip Country Zip Country
33616 **U.S.A.** **01028** **U.S.A.**



4. FEI Number Applied For
58-2441529 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 officer or registered agent, or both, in the State of Florida.
SIGNATURE Deborah D. Skipper **Deborah D. Skipper** **as its agent** **12-12-00**
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. ☐ **FILE NOW!!! FEE IS \$150.00**
Tax filing requirement and elects to do so. **After MAY 1, 2000 Fee will be \$550.00**
(See criteria on back) **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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
President / Director Gregory KAKNES 218 NEW Boston Road Woburn, MA		
Vice Pres. / Secretary / Director Richard B. Steele 171 Dwight Road, Suite 310 Longmeadow, MA 01106		
Treasurer / Ass't Sec. Jeffrey A. Ring 171 Dwight Road, Suite 310 Longmeadow, MA 01106		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
300003515533--9 -12/28/00--01039--008 ***750.00 <input type="checkbox"/> ***750.00		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jeffrey A. Ring **JEFFREY A. RING** **11-21-00** **413 567 3366**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

KE