

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000008257**

1. Entity Name

**TAMPA-BAY ORGANICS, INC.****FILED****Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90334 044 \*\*\*150.00

Principal Place of Business

Mailing Address

6727 S. LOIS AVE  
TAMPA FL 33616P.O. BOX 594  
E. LONGMEADOW MA 01028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P/D			
	KAKNES, GREGORY	218 NEW BOSTON ROAD	WOBURN MA	
	VPSD			
	STEELE, RICHARD B	171 DWIGHT ROAD, SUITE 310	LONGMEADOW MA 01106	
	TAS			
	RING, JEFFREY A	171 DWIGHT ROAD, SUITE 310	LONGMEADOW MA 01106	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Ring

3-27-01

Date

413-567-3366

Daytime Phone #

CR2E034 (10/00)

001471