

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000031229**1. Entity Name
E Z B FARMS, INC.**Principal Place of Business**C/O LOUIS X. AMATO
350 5TH AVE S, SUITE 200
NAPLES FL 34102**Mailing Address**C/O LOUIS X. AMATO
350 5TH AVE S, SUITE 200
NAPLES FL 34102**2. Principal Place of Business**

C/O LOUIS X. AMATO

3. Mailing Address

C/O LOUIS X. AMATO

Suite, Apt. #, etc.

801 LAUREL OAK DRIVE #615

Suite, Apt. #, etc.

801 LAUREL OAK DRIVE #615

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34108

Country

Zip

34108

Country

4. FEI Number**59-3573927**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAMATO LOUIS X
350 5TH AVE S, SUITE 200

NAPLES FL 34102 US

7. Name and Address of New Registered Agent

Name

AMATO LOUIS X

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

801 LAUREL OAK DRIVE

615

City
NAPLES

FL

Zip Code
341028

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 _____ **01/08/2001**

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**TITLE PD ☐ Delete
NAME AMATO LOUIS
STREET ADDRESS 350 5TH AVE SOUTH #200
CITY-ST-ZIP NAPLES FL 34102TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition
NAME AMATO LOUIS X
STREET ADDRESS 801 LAUREL OAK DRIVE #615
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Louis X. Amato

PD

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)