

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S40251**

1. Entity Name

**TOMATOES UNLIMITED INC.****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90049 042 \*\*\*150.00

Principal Place of Business

2702 LAKE TRAFFORD RD.  
IMMOKALEE FL 34142  
US

Mailing Address

P.O. BOX 5042  
IMMOKALEE FL 34142-2647  
US

2. Principal Place of Business

3. Mailing Address

2702 LAKE TRAFFORD Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Immokalee FL

4. FEI Number

65-0248548

Applied For  
Not Applicable

Zip

Country

Zip

Country

34142

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, JOHN K  
2702 LAKE TRAFFORD ROAD  
IMMOKALEE FL 34142

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, 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 **D** ☐ Delete  
NAME **HAND, JOHN K.**  
STREET ADDRESS **2702 LAKE TRAFFORD RD**  
CITY-ST-ZIP **IMMOKALEE FL 34143**TITLE **D** ☐ Delete  
NAME **LYONS, PAUL E.**  
STREET ADDRESS **6241 14TH AVE. S.W.**  
CITY-ST-ZIP **NAPLES FL**TITLE **P** ☐ Delete  
NAME **HAND, JOHN K.**  
STREET ADDRESS **2702 LAKE TRAFFORD RD**  
CITY-ST-ZIP **IMMOKALEE FL 34143**TITLE **ST** ☐ Delete  
NAME **LYONS, PAUL E.**  
STREET ADDRESS **6241 14 AVE SW**  
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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:

*John K. Hand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/30/00  
Date941-657-5202  
Daytime Phone #