



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

Make check payable and submit forms to:

Florida Department of Agriculture and Consumer Services
Post Office Box 6700
Tallahassee, Florida 32314-6700

Phone (850) 922-0153
Fax (850) 921-8312

CHARLES H. BRONSON
COMMISSIONER

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.
Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer [X] Agent [ ] Licensed Agricultural Products Dealer [ ] License Number \_\_\_\_\_

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

JEFF BEAMER - Snapper creek Nursery, Inc
(Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

Snapper creek Nursery, Inc.

4. Telephone Number of Claimant:

(305) - 884 - 5700 Ext. 118

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 12950 NW 113th Court
City: Miami State: FL Zip: 33178

6. Legal name of Respondent (Dealer):

Creative Tree Solutions, Inc.
(Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

\_\_\_\_\_

FINANCE & ACCOUNTING
2009 MAR -9 PM 1:54
RECEIVED
DEPT. OF AGRICULTURE

Received
License & Bond
MAR 17 2009
Division of Marketing

DO NOT WRITE IN THIS SPACE
Org Code: 42060400000 EO: A2
Object Code: 08-00709559-0001
50.00 03/11/2009
Dep#991151

8. Telephone Number of Respondent:  
 (352) - 243 - 8619 Ext. \_\_\_\_\_

9. Complete mailing address of Respondent:  
 Street Address or P.O. Box: 5836 Empire Church Road  
 City: Groveland State: FL Zip: \_\_\_\_\_

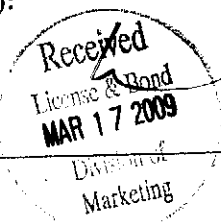
10. Legal name of Co-Respondent (Surety Company or Financial Institution):  
 Hartford Fire Insurance Company

11. Complete mailing address of Co-Respondent:  
 Street Address or P.O. Box: Hartford Plaza T-4  
 City: Hartford State: CT Zip: 06115

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:  
 (Attach additional pages as necessary using same format.)

DATE OF SALE	QUANTITY, PRODUCTS AND PRICE PER UNIT	INVOICE AMOUNT
01/01/09	8 Washingtonia @ \$144. \$1152.00 7 Washingtonia @ \$162 \$1134.00	\$2286.00
01/21/09	20 Washingtonia Palms @ \$170.00	\$3400.00

13. Claim Total (Minimum Claim must equal \$500): \$ 5884.72  
 Claim Filing Fee \$ 50.00  
 Grand Total \$ 5934.72



**FOR PRODUCER'S AGENT ONLY** (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

1. Date of Sale: \_\_\_\_\_ Producer: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_  
Commodity: \_\_\_\_\_ Amount: \_\_\_\_\_
2. Date of Sale: \_\_\_\_\_ Producer: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_  
Commodity: \_\_\_\_\_ Amount: \_\_\_\_\_
3. Date of Sale: \_\_\_\_\_ Producer: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_  
Commodity: \_\_\_\_\_ Amount: \_\_\_\_\_
4. Date of Sale: \_\_\_\_\_ Producer: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_  
Commodity: \_\_\_\_\_ Amount: \_\_\_\_\_
5. Date of Sale: \_\_\_\_\_ Producer: \_\_\_\_\_  
Producer's Address: \_\_\_\_\_  
Commodity: \_\_\_\_\_ Amount: \_\_\_\_\_

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B.  Delivered  Other  Explain 30 days  
Purchased by MIKE SMITH PO # 6326 & 6344  
(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection  By Telephone  By Telegram   
Other  Explain \_\_\_\_\_

Purchased from DALTON ROOKS  
(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s)  2 Receipt(s)  Manifest   
Inspection Certificate  Shipping Order  Telegram   
Other  Explain Delivery Tickets & PO's

MAR 17 2009

Marketing

17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in St. Lucie County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in St. Lucie County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in St. Lucie County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or cop, an officer of claimant.)

Signature: \_\_\_\_\_

Print Name: JEFF REAMER

Title: PRESIDENT

Before me, the undersigned, personally appeared (Owner, Partner or Officer) JEFF REAMER, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

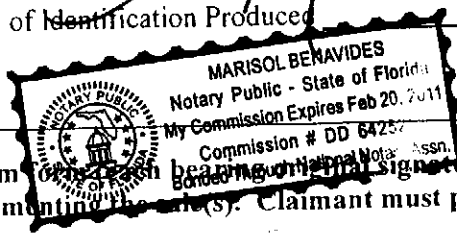
Sworn to and subscribed before me this 3<sup>rd</sup> day of March, 20 09.

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name & Notary Public)

\_\_\_\_\_  
(Signature of Notary Public)

Personally Known  or Produced Identification  Type of Identification Produced \_\_\_\_\_

My Commission Expires 2/20/11



Claimant must submit the original and two copies of the claim (for each notarization) together with three copies of all evidence documenting the claim(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.