

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90081 027 ***158.75

050966 AV

DOCUMENT # P93000021604

1. Entity Name
L.E. STEPHENS HARVESTING, INC.



Principal Place of Business
**182 BOYD COWART RD
WAUCHULA FL 33873**

Mailing Address
**P.O. BOX 864
WAUCHULA FL 33873
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0393002**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEPHENS, L E
1105 NORTH FLORIDA AVE
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name **BD MCLEOD**

Street Address (P.O. Box Number is Not Acceptable)
182 BOYD COWART ROAD

City **WAUCHULA**

FL

Zip Code **33873**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, L E 1105 NORTH FLORIDA AVE WAUCHULA FL 33873	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEOD, BURTON D SR 182 BLDV COWART RD WAUCHULA FL 33873	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLEOD, MARY J 1182 BYD COWART RD WAUCHULA FL 33873	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	182 BOYD COWART ROAD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCLEOD, MARY JANE 182 BOYD COWART ROAD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Jane McLeod
MARY JANE MCLEOD 4-24-03 863-773-6195
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)