

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90253 031 ***150.00

0022036 AV

DOCUMENT # 011946

1. Entity Name

PIEDMONT FARMS, INC.

Principal Place of Business

**569 EDGEWOOD AVE. SOUTH
JACKSONVILLE FL 32205**

Mailing Address

**569 EDGEWOOD AVE. SOUTH
JACKSONVILLE FL 32205**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0411925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCARTHUR, D W III
569 EDGWOOD AVE S
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCARTHUR, W. A. 3844 TIMUQUANA ROAD JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCARTHUR, D.W. III 4835 ARAPAHOE AVENUE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERLONG, CHARLES W.,III 4051 BARCELONA AVE. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, MARGARET WADE RT. 2, BOX 78 ENOREE SC	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARTHUR, D. W. 4835 ARAPAHOE AVENUE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *W. A. MC. ARTHUR*
PRESIDENT 2-20-02 904 388 3561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)