

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 128539

1. Entity Name
FLORIDA FARMS SERVICE, INC.

Principal Place of Business
2699 ALLEN AVE
AMELIA ISLAND FL 32034
US

Mailing Address
2699 ALLEN AVE
AMELIA ISLAND FL 32034
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 59-0647823

Applied For

Not Applicable

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

GOLDMAN, LOUIS E. JR.
2699 ALLEN AVE
AMELIA ISLAND FL 32034

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOLDMAN, LOUIS E. JR.
STREET ADDRESS 2699 ALLEN AVE
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME BORN, LAWRENCE
STREET ADDRESS 2699 ALLEN AVE
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME GOLDMAN, SUSAN
STREET ADDRESS 2699 ALLEN AVE
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME GOLDMAN, HAROLD J.
STREET ADDRESS 2699 ALLEN AVE
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Goldman, Jr.

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90022 019 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)