

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90117 025 ***150.00

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
20 South 6th Street
Suite, Apt. #, etc.

3. Mailing Address
20 South 6th Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
USA

Zip
32034

Country
USA

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
20 South 6th Street
City
Fernandina Beach FL Zip Code
32034

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: Louis E. Goldman Jr. DATE: 2/5/03
(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, LOUIS E. JR. 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORNS, LAWRENCE 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDMAN, SUSAN 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, HAROLD J. 2699 ALLEN AVE AMELIA ISLAND FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 South 6th Street Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 South 6th Street Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 South 6th Street Fernandina Beach, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Louis E. Goldman Jr. DATE: 2/5/03 904-261-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)