2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 05, 2001 08:00 AM
Secretary of State

DOCUMENT # 199105

1. Entity Name
TAMPA FARM SERVICE, INC.

Principal Place of Business	Mailing Address
P O BOX 600, HAYNES RD DOVER FLA 33527	P O BOX 600, HAYNES RD DOVER FLA 33527

2. Principal Place of Business	3. Mailing Address
P O BOX 600, HAYNES RD	P O BOX 600, HAYNES RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOVER FL	City & State: DOVER FL
Zip: 33527 Country: US	Zip: 33527 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0791553 ☐ 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
BYNUM, MICHAEL H. P O BOX 600 HAYNES RD DOVER FL 33527 US	Name: BYNUM MICHAEL H Street Address (P.O. Box Number is Not Acceptable): P O BOX 600 HAYNES RD City: DOVER FL Zip Code: 33527

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: MICHAEL H. BYNUM — 01/05/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BYNUM, SAMUEL HAYNES ROAD DOVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD BYNUM, BLAIR HAYNES ROAD DOVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYNUM,MEADE HAYNES ROAD DOVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BYNUM, MICHAEL H HAYNES ROAD DOVER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYNUM,HERBERT HAYNES ROAD DOVER FL	☐ 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

CR2E034 (11/00)

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: Michael H. Bynum — P — 01/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #