

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90222 045 ***150.00

DOCUMENT # 214056

1. Entity Name

CORBIN FARM AND RANCH SUPPLY INC

Principal Place of Business

**544 E SUGARLAND HWY
 CLEWISTON FL 33440**

Mailing Address

**544 E SUGARLAND HWY
 CLEWISTON FL 33440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0835212**

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

**BOY, JOHN B. JR.
 401 SWC OWEN AVENUE
 CLEWISTON FL 33440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-statuting)

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	PD	<input type="checkbox"/> Delete
NAME	CORBIN, JOHN G	
STREET ADDRESS	544 E. SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORBIN, NANCY	
STREET ADDRESS	544 E. SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORBIN, SUE	
STREET ADDRESS	544 E. SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, MITCHELL R.	
STREET ADDRESS	544 E SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMAS, MARY CORBIN	
STREET ADDRESS	544 E SUGARLAND HWY	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

9181

CR2E034 (10/00)