## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # 242951** 1. Entity Name T J SMITH & SON DAIRY INC 05-23-2000 90216 003 \*\*\*150.00 Principal Place of Business Mailing Address 23411 WHITMAN ROAD 23411 WHITMAN ROAD BROOKSVILLE FL 34601 BROOKSVILLE FL 34601-4514 3. Mailing Address 2. Principal Place of Business つかさてん Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-0921875 KOOKSUIIIP Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name SMITH, T J Street Address (P.O. Box Number is Not Acceptable) 23411 WHITMAN RD. **BROOKSVILLE FL 34601** or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE Change Addition 1200 Smith Dairy Rd. Beooksville, F1 34601 SMITH, KENNETH W NAME NAME STREET ADDRESS 23421 WHITMAN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** Change TITLE ☐ Delete TITLE Addition 11388 Smith Daily Rd SMITH. TRUMAN J NAME NAME STREET ADDRESS 23411 WHITMAN ROAD STREET ADDRESS 3eooksuille, F1 34601 CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP 11388 Smith Daily Rd. Brooksville, Fl 34601 ☐ Delete ■ Addition TIT! F TITLE SMITH, JANIE D NAME NAME 23411 WHITMAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1: CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 oney like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President &

352-75461576