

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 329076

1. Entity Name

FLORIDA PLANT FOOD CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90341 028 ***150.00

Principal Place of Business

194 WILL DUKE ROAD POST OFFICE BOX 1087
WAUCHULA FL 33873
US

Mailing Address

POST OFFICE BOX 1087
P.O. BOX 1087
WAUCHULA FL 33873-1087
US

2. Principal Place of Business

3. Mailing Address

P O BOX 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WAUCHULA, FL

4. FEI Number

59-1213896

Applied For

Not Applicable

Zip

Country

Zip

33873-1087

Country

USA

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

DAVIS, EDGAR L. DAVIS
194 WILL DUKE ROAD
WAUCHULA FL 33873

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	BEST, GAIL D	
STREET ADDRESS	238 S. BAILEY RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, KEITH WM	
STREET ADDRESS	P.O. BOX 1413	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, EDGAR L	
STREET ADDRESS	P.O. BOX 1087	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 #

4/28/00 (863) 773-4159

CR2E034 (9/99)