# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 11, 2000 8:00 am**
**Secretary of State**

05-11-2000 90322 012 ***150.00

DOCUMENT # 339157

1. Entity Name

PERKINS FARMS, INC.

Principal Place of Business

HWY 441 SE #253
FL 34974

Mailing Address

13801 HWY 441 SE #253
OKEECHOBEE FL 34974-2012
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 59-1264886 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBIN, KENDRA J
13801 HIGHWAY 441 SE LOT 253
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|---|---|---|
| TITLE | PD | ☐ Delete |
| NAME | CORBIN, KENDRA J | |
| STREET ADDRESS | 13801 HWY 441 SE #253 | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | VP | ☐ Delete |
| NAME | PERKINS, STACEY L | |
| STREET ADDRESS | 13801 HWY 441 SE #253 | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | S | ☐ Delete |
| NAME | PERKINS, JENNIFER L | |
| STREET ADDRESS | 13801 HWY 441 SE #253 | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
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| TITLE | | ☐ Change ☐ Addition |
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| 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] 4/5/00 561-753-65.

Date | Daytime Phone #

000003 (0/00)