

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 388294

1. Entity Name

FARMER ELECTRIC COMPANY

Principal Place of Business

1021 PALM VIEW DRIVE
PO BOX 4023
SOUTH DAYTONA FL 32119-2472

Mailing Address

PO BOX 4023
SOUTH DAYTONA FL 32121
US

2. Principal Place of Business

413 Oak Place

3. Mailing Address

Suite, Apt. #, etc.

SUITE # 4-S

City & State

Port Orange, FL

City & State

Zip

32127

Country

Volusia

Country

4. FEI Number

59-1367589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARMER, CHARLES M
783 SUGAR CANE LANE
PORT ORANGE FL 32119

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

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

TITLE PD ☐ Delete
NAME FARMER, CHARLES M
STREET ADDRESS 783 SUGAR CANE LANE
CITY-ST-ZIP PORT ORANGE FL

TITLE D ☐ Delete
NAME FARMER, ANNE M
STREET ADDRESS 783 SUGAR CANE LANE
CITY-ST-ZIP PORT ORANGE FL

TITLE D ☐ Delete
NAME FARMER, ANNE M
STREET ADDRESS 909 CAREY DRIVE
CITY-ST-ZIP SOUTH DAYTONA FL

TITLE VP ☐ Delete
NAME FARMER, DAVID M
STREET ADDRESS 4682 HIDDEN LAKES DRIVE
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

1-25-2000

904-767-2600

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90137 008 ***150.00

00012448



DO NOT WRITE IN THIS SPACE