

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90036 039 \*\*\*150.00

0132668 AT

**DOCUMENT # 430986**

1. Entity Name

**BEARDSLEY FARMS INC**

*Q*



Principal Place of Business

RT. 1. BOX 466

CLEWISTON FL 33440

Mailing Address

RT. 1. BOX 466

CLEWISTON FL 33440

2. Principal Place of Business

**323 EAST OSCEOLA AVENUE**

3. Mailing Address

**P.O. BOX 1500**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CLEWISTON, FLORIDA**

City & State

**CLEWISTON, FL**

Zip

**33440**

Country

**HENDRY**

Zip

**33440**

Country

**HENDRY**

4. FEI Number

**59-1480248**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEARDSLEY, DAVID L  
106 RIDGEWOOD AVE  
CLEWISTON FL 33440**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, DAVID L.	
STREET ADDRESS	106 RIDGEWOOD AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, JO H	
STREET ADDRESS	323 E OSCEOLA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, WAYNE J JR	
STREET ADDRESS	323 E OSCEOLA AVENUE	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BEARDSLEY, HANNAH Y	
STREET ADDRESS	716 POINSETTIA STREET	
CITY-ST-ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David L. Beardsley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/16/03* *863-983-7095*  
Date Daytime Phone #

CR2E034 (4/03)