

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90198 025 ***150.00

DOCUMENT # 592529

1. Entity Name

TED MCTEER HARVESTING, INC.



Principal Place of Business

6121 MISS MARY ANN RD.
HAINES CITY FL 33844

Mailing Address

PO BOX 1206
HAINES CITY FL 33845-1206

2. Principal Place of Business

6121 Miss Mary Ann Rd.

3. Mailing Address

P.O. Box 1206

City & State

Haines City FL 33844

City & State

Haines City FL

Zip

33844

County

Polk

Zip

33845

County

Polk

4. FEI Number

59-1815017

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

7. Name and Address of New Registered Agent

MCTEER, CAROL J

6121 MISS MARY ANN ROAD
HAINES CITY FL 33844

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

Carol McTeer

CAROL McTeer

4/26/03

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

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	PO	<input type="checkbox"/> Delete
NAME	MCTEER, CAROL J	
STREET ADDRESS	6121 MISS MARY ANN RD.	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCTEER, TED M	
STREET ADDRESS	5910 KALOGRIDES ROAD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
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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:

Carol McTeer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

(813) 492-3578

Daytime Phone

CR2E034 (10/02)