

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90071 047 \*\*\*150.00

**DOCUMENT # 626580**

1. Entity Name

**D. & H. FARMS, INC.**

Principal Place of Business

Mailing Address

**5850 HARVEY TEN ROAD  
 PLANT CITY FL 33565  
 US**

**5850 HARVEY TEN ROAD  
 PLANT CITY FL 33565  
 US**



2. Principal Place of Business

3. Mailing Address

**5313 LENOIR CT**

**5313 LENOIR CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**PLANT CITY, FL.**

**PLANT CITY, FL.**

4. FEI Number

**59-1917235**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33567**

**HILLSBOROUGH**

**33567**

**HILLSBOROUGH**

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

**DYKSTRA, VERNON E., JR.  
 2008 COUNTRY CLUB CT  
 PLANT CITY FL 33567**

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, 2002 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 **DP** ☐ Delete  
 NAME **DYKSTRA, VERNON E., JR.**  
 STREET ADDRESS **5850 HARVEY TEN ROAD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Change ☐ Addition  
 NAME **5313 Lenoir Ct**  
 STREET ADDRESS **Plant City FL 33567**  
 CITY-ST-ZIP **33567**

TITLE **D** ☐ Delete  
 NAME **DYKSTRA, SHERRI L.**  
 STREET ADDRESS **5850 HARVEY TEN ROAD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition  
 NAME **"**  
 STREET ADDRESS **"**  
 CITY-ST-ZIP **"**

TITLE **VP** ☐ Delete  
 NAME **DYKSTRA, DUSTIN R**  
 STREET ADDRESS **5850 HARVEY TEN ROAD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition  
 NAME **"**  
 STREET ADDRESS **"**  
 CITY-ST-ZIP **"**

TITLE **VP** ☐ Delete  
 NAME **DYKSTRA, DARRY E**  
 STREET ADDRESS **5850 HARVEY TEN ROAD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☒ Change ☐ Addition  
 NAME **"**  
 STREET ADDRESS **"**  
 CITY-ST-ZIP **"**

TITLE ☐ Delete  
 NAME **"**  
 STREET ADDRESS **"**  
 CITY-ST-ZIP **"**

TITLE ☐ Change ☐ Addition  
 NAME **"**  
 STREET ADDRESS **"**  
 CITY-ST-ZIP **"**

TITLE ☐ Delete  
 NAME **"**  
 STREET ADDRESS **"**  
 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

**21502813-7070082**

Date

Daytime Phone #

CR2E034 (9/01)