

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 626664

1. Entity Name

WORTHINGTON SALES COMPANY

Principal Place of Business

Mailing Address

4252 JOHNS CEMETARY RD
MIDDLEBURG FL 32068
US

PO BOX 1161
MIDDLEBURG FL 32050-1161
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1933134

Applied For
Not Applicable

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

WORTHINGTON, LINDA
4252 JOHN CENTURY RD
MIDDLEBURG FL 32068

Johns Cemetery Rd

Name Same

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

Linda Worthington

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-90

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WORTHINGTON, WALTER H	
STREET ADDRESS	4252 JOHNS CEMETARY RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WORTHINGTON, DONALD	
STREET ADDRESS	4252 JOHNS CEMETARY RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORTHINGTON, LINDA	
STREET ADDRESS	4252 JOHNS CENTURY RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Linda Worthington	
STREET ADDRESS	4252 Johns Cemetery Rd.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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:

Linda Worthington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

Date

904-291-1829

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90002 018 ***158.75

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DO NOT WRITE IN THIS SPACE