

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90280 015 ***150.00

DOCUMENT # 642149

1. Entity Name
WHITE FARMS, INC.

Principal Place of Business

**344 SE 16TH AVE.
 OKEECHOBEE FL 34974**

Mailing Address

**P O BOX 1048
 WEBSTER FL 33597**

2. Principal Place of Business

1715 CR 478

3. Mailing Address

Suite, Apt. #, etc.

City & State
WEBSTER FL

City & State

4. FEI Number

59-2061899

Applied For

Not Applicable

Zip **33597**

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, SHARON
 344 SE 16TH AVE.
 OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1715 CR 478

City

Webster

FL

Zip Code

33597

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

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

(NOTE: Registered Agent signature required when reinstating)

1-27-02
 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

TITLE **PD** ☐ Delete
 NAME **WHITE, PAUL MURPHA**
 STREET ADDRESS **344 SE 16TH AVE.**
 CITY-ST-ZIP **OKEECHOBEE, FL 00000**

TITLE **S** ☐ Delete
 NAME **WHITE, SHARON J**
 STREET ADDRESS **344 SE 16TH AVE.**
 CITY-ST-ZIP **OKEECHOBEE, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **1715 CR 478**
 CITY-ST-ZIP **Webster FL 33597**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1715 CR 478**
 CITY-ST-ZIP **Webster, FL 33597**

TITLE ☐ Change ☐ Addition
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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:

Sharon J. White
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-02 352-793-1972

CR2E034 (9/01)