

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **677044**

1. Entity Name
R & A FARMS, INC.



FILED

03 NOV 14 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**RT 1, BOX 9855
WEST BOYNTON ROAD
BOYNTON BEACH FL 33437**

Mailing Address
**RT 1, BOX 9855
WEST BOYNTON ROAD
BOYNTON BEACH FL 33437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2004335**

Applied For
Not Applicable

Zip Country

Zip Country

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

**AMESTOY, RICHARD B.
RT 1 BOX 9855
BOYNTON BEACH FL 33437**

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



9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD AMESTOY, RICHARD B**
STREET ADDRESS **ROUTE 1, BOX 9855**
CITY-ST-ZIP **BOYNTON BEACH, FL 00000**

TITLE ☐ Change ☐ Addition
NAME **700023685687**
STREET ADDRESS **10/09/03--01041--020 **750.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S AMESTOY, KIM F**
STREET ADDRESS **C/O RT 1 BOX 9855**
CITY-ST-ZIP **BOYNTON BEACH, FL 00000**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am not a person named in Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD B AMESTOY
Kim F. Amestoy
Date **9-29-03** State Phone # **861.732.0750**

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