

(AMENDED)

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11219

DOCUMENT # 681494

1. Entity Name

MISTY OAKS FARM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4109 W. Riverside Drive

Suite, Apt. #, etc.

3. Mailing Address

4109 W. Riverside Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

59-2032726

Applied For

Not Applicable

Zip

33901

Country

US

Zip

33901

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul H. Waggoner

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

5400 Pine Island Road, Suite D

City

Bokeelia, FL

FL

Zip Code
33922

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KERVER, WILLIAM R.
4109 W. RIVERSIDE DRIVE
FT. MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
KERVER, NANCY F.
4109 W. RIVERSIDE DRIVE
FT. MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

Paul H.

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William R. Kerver*

William R. Kerver, Pres. *2/13/02*

(941) 275-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20048 (2/01)