

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000003684

FILED  
Apr 04, 2003  
Secretary of State

Entity Name: C & B REID FARMS, LTD., CORPORATION

## Current Principal Place of Business:

12659 TAMIAMI TR E  
NAPLES, FL 34113

## New Principal Place of Business:

8793 TAMIAMI TR E  
SUITE 108  
NAPLES, FL 34113

## Current Mailing Address:

13202 WHITE VIOLET DR.  
NAPLES, FL 34119

## New Mailing Address:

8793 TAMIAMI TR E.  
SUITE 108  
NAPLES, FL 34113

FEI Number: 36-2932403

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REID, CLARK  
13202 WHITE VIOLET DR.  
NAPLES, FL 34119

## Name and Address of New Registered Agent:

REID, CLARK  
8860 LELY ISLAND CIRCLE  
NAPLES, FL 34113

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:

04/04/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: REID, CLARK  
Address: 13202 WHITE VIOLET DR.  
City-St-Zip: NAPLES, FL 34119

Title: DPT ( ) Delete  
Name: REID, PATRICIA  
Address: 13202 WHITE VIOLET DR.  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: REID, CLARK  
Address: 8860 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: DPT (X) Change ( ) Addition  
Name: REID, PATRICIA  
Address: 8860 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK REID

PRES

04/04/2003

Electronic Signature of Signing Officer or Director

Date