

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 038 ***150.00

DOCUMENT # F45709

1. Entity Name

PARRISH DAIRY FARM, INC.

Principal Place of Business

**3719 W SWANN AVE
TAMPA FL 33609
US**

Mailing Address

**3719 W SWANN AVE
PO BOX 18225
TAMPA FL 33609
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

59-2118280

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

**HOBBS, HARRY M
3719 W SWANN AVE
TAMPA FL**

Name

Robert S. Hobbs

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

3719 W Swann Ave

Tampa

City

FL

Zip Code

33609

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

1/09/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **HOBBS, HARRY M**
STREET ADDRESS **3719 W SWANN AVE**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **DP** ☒ Change ☐ Addition
NAME **Hobbs, Walter O.**
STREET ADDRESS **3719 W. Swann Ave**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** ☒ Delete
NAME **CAREY, MICHAEL J**
STREET ADDRESS **4802 LOG CABIN DR.**
CITY-ST-ZIP **LAKELAND, FL 00000**

TITLE **DVP Sec-T** ☒ Change ☐ Addition
NAME **Hobbs, Robert S.**
STREET ADDRESS **3719 W. Swann Ave.**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Robert S. Hobbs, VP

1/09/02 813 879-8333

Date

Daytime Phone #

CR2034 (9/01)