

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90052 033 \*\*\*150.00

MOBILE AL

**DOCUMENT # F57148**

1. Entity Name  
**PLEASANT FARMS, INC.**

Principal Place of Business <b>25246 SUNRISE HILLS ROAD          131 WEST MAIN STREET          HOWEY IN THE HILLS FL 34737          US</b>	Mailing Address <b>C/O DAVID E. CAUTHEN          131 WEST MAIN STREET          TAVARES FL 32778-3809</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>01-0378510</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>CAUTHEN, DAVID E.          131 WEST MAIN STREET          TAVARES FL</b>				7. Name and Address of New Registered Agent			
				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.

SIGNATURE \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DETERT, HENRY W</b>	NAME			
STREET ADDRESS	<b>25246 SUNRISE HILL RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOWEY FL</b>	CITY-ST-ZIP			
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DETERT, HENRY W</b>	NAME			
STREET ADDRESS	<b>25246 SUNRISE HILL RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HOWEY FL</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: Henry W. Deter **HENRY W. DETERT** 1/15/02 352-329-2667  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)