

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90141 035 ***550.00

0665999 AB

DOCUMENT # F99000001266

1. Entity Name

W.T. FARM, INC.



Principal Place of Business

2225 YOUNG DRIVE

LEXINGTON KY ~~40509~~ 40505

Mailing Address

PO BOX 1110

LEXINGTON KY ~~40509~~ 40588

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

31-1156052

Applied For

Not Applicable

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

C-T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	P	<input type="checkbox"/> Delete
NAME	YOUNG JR, WILLIAM T	
STREET ADDRESS	208 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	YOUNG SR, WILLIAM T	
STREET ADDRESS	222 CHINOE ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, ROBERT L	
STREET ADDRESS	3364 CLOVERDALE	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MINTON, MARY A	
STREET ADDRESS	992 TURKEYFOOT ROAD 2125 Taborlake Circle	
CITY-ST-ZIP	LEXINGTON KY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT L. WARREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/03
Date

859/3352252
Daytime Phone #

CR2E034 (10/02)