

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90120 037 ***150.00

DOCUMENT # G31746

1. Entity Name

PBR HARVESTING, INC.

Principal Place of Business

**2600 OVERLOOK DR
 PO BOX 629
 WINTER HAVEN FL 33882**

Mailing Address

**2600 OVERLOOK DR
 PO BOX 629
 WINTER HAVEN FL 33882**

00023110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 Overlook Dr

3. Mailing Address

P O Box 747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven Fl

City & State

Winter Haven Fl

4. FEI Number

59-2280962

Applied For

Not Applicable

Zip

33884

Country

Zip

33882

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLINE, DEBRA L
 141 5TH STREET NW
 WINTER HAVEN FL 33880**

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **DP** ☐ Delete
 NAME **BENTLEY, PATRICK T**
 STREET ADDRESS **2600 OVERLOOK DR**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE **DST** ☐ Delete
 NAME **BENTLEY, RAYMOND O**
 STREET ADDRESS **2600 OVERLOOK DR**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE **DVP** ☐ Delete
 NAME **BENTLEY, ROBERT WELBORN**
 STREET ADDRESS **2600 OVERLOOK DR**
 CITY-ST-ZIP **WINTER HAVEN, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-01 863-324-2100

CR2E034 (10/00)