

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90109 043 ***150.00

DOCUMENT # H39119

1. Entity Name
SCARLETT FARMS, INC.



Principal Place of Business
% C. PHILIP CAMPBELL JR.
4622 GALL BLVD.
ZEPHYRHILLS FL 33541

Mailing Address
% C. PHILIP CAMPBELL JR.
4622 GALL BLVD.
ZEPHYRHILLS FL 33541



2. Principal Place of Business
% C. Philip Campbell, Jr.
Suite, Apt. #, etc.
4622 GALL BLVD.

3. Mailing Address
% C Philip Campbell, Jr.
Suite, Apt. #, etc.
4622 GALL BLVD.

City & State
ZEPHYRHILLS, FL.

City & State
ZEPHYRHILLS, FL.

4. FEI Number **59-2520476**

Applied For
Not Applicable

Zip
33542

Country
PASCO

Zip
33542

Country
PASCO

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

CAMPBELL, C. PHILIP JR.
201 E KENNEDY BLVD #1111
TAMPA FL 33602

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 **PD** ☐ Delete
NAME **UNVILLE, DANNY**
STREET ADDRESS **4622 GALL BLVD**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **LINVILLE, DANNY**
STREET ADDRESS **4622 GALL BLVD**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

813-782-1521

Daytime Phone #

CR2E034 (10/02)