

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90062 031 ***150.00

DOCUMENT # H81595

1. Entity Name
VARNER GROWERS, INC.



Principal Place of Business
**4985 SPIRIT LAKE RD.
WINTER HAVEN FL 33880
US**

Mailing Address
**4985 SPIRIT LAKE RD.
WINTER HAVEN FL 33880
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 **59-2718348**

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

**VARNER, HERBERT C.
102 POST AVENUE, S.W.
4985 SPIRIT LAKE RD.
WINTER HAVEN FL 33880**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **P.** ☐ Delete
NAME **VARNER, HERBERT C.**
STREET ADDRESS **4985 SPIRIT LAKE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **S.** ☐ Delete
NAME **VARNER, BETTY J.**
STREET ADDRESS **4985 SPIRIT LAKE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **VP.** ☐ Delete
NAME **VARNER, JOSEPH A.**
STREET ADDRESS **4985 SPIRIT LAKE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **T.** ☐ Delete
NAME **VARNER, MICHAEL P.**
STREET ADDRESS **4985 SPIRIT LAKE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-03

Date

863-294-5283

Daytime Phone #

CR2E034 (10/02)

Client No. 8975
Desc. Code Ann Return

90042270

DATA SHEET

Attachment #
#81595Date 2/4/03

Client Name

Verne James IncTax Returns

FORM	DUE DATE	PERIOD	TAX DUE BY MAIL	TAX DUE BY COUPON	REFUND (R) or OVERPAYMENT CREDITED (OPC)
<u>1120</u>	<u>1/1/03</u>	<u>12/31/02</u>	<u>150.00</u>		

SPECIAL INSTRUCTIONS

Return to RCB
Copy for our file(No)

Is client an EFTPS depositor?

Attach 1120 to F-1120

Attach F-7004 to F-1120

Attach 7004 to 1120

Attach Letters of Administration

Attach p. 4 of 1120 to Intangible

Attach controlled group allocations

Attach

Tangible worksheet prepared by accountant

Return items

Copy items

PREPARED BY

COPIED BY

BS 2/4/03

TYPED BY

REVIEWED BY

RCB 2/4/03