

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90035 037 ***158.75

0400549 AV

DOCUMENT # H99160

1. Entity Name

SOUTHFIELD FARMS CORPORATION

Principal Place of Business

Mailing Address

~~211 ROYAL POINCIANA~~
~~STE A~~
~~PALM BEACH FL 33480~~
~~US~~

~~211 ROYAL POINCIANA WAY~~
~~SUITE A~~
~~PALM BEACH FL 33480~~



2. Principal Place of Business

3. Mailing Address

970 North Congress Ave

970 North Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

West Palm Beach FL

West Palm Beach FL

4. FEI Number **65-0007561**

Applied For
 Not Applicable

33409

USA

33409

USA

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

DUDE, HAROLD

211 ROYAL POINCIANA WAY

SUITE A

PALM BEACH FL 33480

Name **Harold Dude**

Street Address (P.O. Box Number is Not Acceptable) **970 North Congress Ave**

City **West Palm Beach FL** ZIP Code **33409**

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 **HAROLD DUDE**

4/17/2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **DUDE, HAROLD**
 STREET ADDRESS **211 ROYAL POINCIANA WAY, STE. A**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **DUDE, HAROLD**
 STREET ADDRESS **970 North Congress Ave**
 CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

HAROLD DUDE, DIRECTOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)