

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90172 049 ***150.00

DOCUMENT # J68032

1. Entity Name
CYPRESS R FARMS, INC.



Principal Place of Business

5 W 21ST ST
RT 4 BOX 471
STARKE FL 32091
US

Mailing Address

RT 4 BOX 471
RT 4 BOX 471
STARKE FL 32091
US

2. Principal Place of Business

S.W. 152nd St.
Suite, Apt. #, etc.

3. Mailing Address

10290 S.W. 152nd St.
Suite, Apt. #, etc.

City & State

Starke

City & State

Starke

Zip

32091

Country

Zip

FL 32091

Country

4. FEI Number

59-2846476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROWE, THOMAS M
RT 4 BOX 471 SW 21 ST
STARKE FL 32091

7. Name and Address of New Registered Agent

Name Rowe, Thomas M
Street Address (P.O. Box Number is Not Acceptable)
10290 S.W. 152nd St.
City Starke FL Zip Code 32091

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 _____ (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	<input type="checkbox"/> Delete
NAME	ROWE, THOMAS M.	
STREET ADDRESS	RT 4 BOX 471	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROWE, MISCHELL C	
STREET ADDRESS	RT 4 BOX 471	
CITY-ST-ZIP	STARKE FL 32091	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowe, Thomas M	
STREET ADDRESS	10290 S.W. 152nd St.	
CITY-ST-ZIP	Starke FL 32091	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rowe, mischell c	
STREET ADDRESS	10290 SW. 152nd St.	
CITY-ST-ZIP	Starke FL 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Thomas M. Rowe 4-6-03 904-964-8785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)