

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-16-2003 90066 034 ***150.00

DOCUMENT # J73327

1. Entity Name
EASTSIDE FARM AND GARDEN, INC.



Principal Place of Business
% ALBERT L. CONROY
225 NORTH HIGHWAYS 17-91
HAINES CITY FL 33844

Mailing Address
% ALBERT L. CONROY
225 NORTH HIGHWAYS 17-91
HAINES CITY FL 33844



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2844618**

Applied For
Not Applicable

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

CONROY, ALBERT L.
225 NORTH HIGHWAYS 17-92
HAINES CITY FL 33844

Name
MICHAEL DUANE FULLER
Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 1693
225 North 17-92
City
HAINES CITY **FL** Zip Code
33845

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 Michael Duane Fuller MICHAEL DUANE FULLER 1-13-03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONROY, ALBERT L.
1 HOLLY HILL DRIVE
DAVENPORT FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / P
MICHEAL DUANE FULLER
225 NORTH 17-92
HAINES CITY, FL 33844 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONROY, BRENDA L.
1 HOLLY HILL DRIVE
DAVENPORT FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / VP
PAMELA DEES FULLER
225 NORTH 17-92
HAINES CITY FL 33844 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Michael Duane Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03-863-4226919
Date Daytime Phone #

CR2E034 (10/02)