

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90198 038 ***150.00

DOCUMENT # K59811

1. Entity Name
STOKES FERRY CORPORATION, INC.



Principal Place of Business
**13590 S.W. STATE ROAD 200
DUNNELLON FL 34432**

Mailing Address
**13590 S.W. STATE ROAD 200
DUNNELLON FL 34432**

2. Principal Place of Business

SAME

Mailing Address

P.O. Box 400

Suite, Apt. #, etc.

AS ABOVE

Suite, Apt. #, etc.

AS ABOVE

City & State

City & State

HOLDER, FLA

Zip

Country

Zip

34445

Country

4. FEI Number

59-2931725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAKE, GEORGE M.
13590 S.W. STATE ROAD 200
DUNNELLON FL 34432**

7. Name and Address of New Registered Agent

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

TITLE **STD** ☐ Delete
NAME **SLEETH, JOAN**
STREET ADDRESS **1015 N.E. 8TH AVE.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **PD** ☐ Delete
NAME **DRAKE, GEORGE M.**
STREET ADDRESS **13590 S.W. STATE ROAD 200**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **VD** ☐ Delete
NAME **DRAKE, TRUSTEN H.**
STREET ADDRESS **2123 S.E. 12 STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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 OF GEORGE M. DRAKE 4/27/03 352-237-73

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)