

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90269 041 \*\*\*150.00

**DOCUMENT # K81917**

1. Entity Name  
**BONTA FARMS, INC.**



Principal Place of Business  
~~1100 COMMERCIAL BLVD~~  
~~#118~~  
~~NAPLES FL 34104~~  
US

Mailing Address  
~~1100 COMMERCIAL BLVD~~  
~~#118~~  
~~NAPLES FL 34104~~  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**3073 SOUTH HORSESHOE DRIVE**  
City & State **SUITE 118**  
**NAPLES, FLORIDA 34104**  
Zip Country

Suite, Apt. #, etc.  
**3073 SOUTH HORSESHOE DRIVE**  
City & State **SUITE 118**  
**NAPLES, FLORIDA 34104**  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0219453**

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

**ARNOLD, DONALD L**  
**1400 COMMERCIAL BLVD**  
**#118**  
**NAPLES FL 34104**

Name  
Street Address **3073 SOUTH HORSESHOE DRIVE**  
**SUITE 118**  
**NAPLES, FLORIDA 34104**  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/03**

**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 **DPS**  
STREET ADDRESS **ARNOLD, DONALD L.**  
CITY-ST-ZIP **1400 COMMERCIAL BLVD #118**  
**NAPLES FL 34104**

TITLE  
NAME  
STREET ADDRESS **3073 SOUTH HORSESHOE DRIVE**  
CITY-ST-ZIP **SUITE 118**  
**NAPLES, FLORIDA 34104**

TITLE  
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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 empowerment.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**239-643-6333**  
**3/10/03**

CR2E034 (10/02)