

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

08-08-2003 90060 040 \*\*\*\*50.00

**DOCUMENT # L01000001134**

1. Entity Name

**N B W FARMS, LLC**



Principal Place of Business

**5403 OAKHURST DR NORTH  
SEMINOLE FL 33772**

Mailing Address

**5403 OAKHURST DR NORTH  
SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3736356**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WARNER, NITA BOB  
5403 OAKHURST DR NORTH  
SEMINOLE FL 33772**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WARNER, NITA BOB**  
STREET ADDRESS **5403 OAKHURST DR NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE **ST** ☐ Delete  
NAME **VOSHARDT, ROBYN**  
STREET ADDRESS **13090 GULF LANE**  
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **100 7TH STREET SOUTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**REQUIRED**

**8/21/03 727-827-1225**

Date

Daytime Phone #

CR2E083 (4/03)

0017878