

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55370

1. Entity Name

W. S. HARVESTING, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90060 031 \*\*\*150.00

Principal Place of Business <del>% NORMA F. CASSENS</del> 3180 N KINGS HWY FT PIERCE FL 34951	Mailing Address <del>% NORMA F. CASSENS</del> <del>3180 N KINGS HWY</del> FT PIERCE FL 34951-4025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. Box 613	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Pierce, FL	
Zip	Country	Zip	Country
		34954-0613	

4. FEI Number 65-0175774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASSENS-DIXON, CATHERINE 3180 N KINGS HWY FT PIERCE FL 34951	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) 1898 Shinn Road City Ft. Pierce FL Zip Code 34945
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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.

SIGNATURE Catherine Cassens Dixon Catherine Cassens Dixon 5-1-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASSENS, STEVEN D. 3180 NORTH KINGS HIGHWAY FT. PIERCE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1876 Shinn Road Ft. Pierce FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSENS-DIXON, CATHERINE 3180 NORTH KINGS HWY FT PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1898 Shinn Road Ft. Pierce FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary W. Bruce Dixon Jr. 1898 Shinn Road Ft. Pierce FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Catherine Cassens Dixon 1898 Shinn Road Ft. Pierce FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine Cassens Dixon Catherine Cassens Dixon 561-461-4615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5-1-00 Daytime Phone #