

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009145

1. Entity Name

B&M FARMS, LIMITED LIABILITY COMPANY

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90006 034 ****50.00

0037619

Principal Place of Business

Mailing Address

~~P.O. BOX 608~~
~~LAKELAND FL 33802-0508~~

~~P.O. BOX 608~~
~~LAKELAND FL 33802-0508~~

931568



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 6777

3. Mailing Address

P.O. Box 6777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-3620375

Applied For

Not Applicable

Zip

33807-6777

Country

USA

Zip

33807-6777

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, THOMAS J

~~104 NORTH TENNESSEE AVENUE, SUITE 202~~
~~LAKELAND FL 33801-4659~~

Name

Street Address (P.O. Box Number is Not Acceptable)

7010 Kitty Fox Lane (No mail delivered here)

City

Lakeland

FL

Zip Code

33813

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-6-02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRYANT, THOMAS J
~~104 NORTH TENNESSEE AVENUE, SUITE 202~~
~~LAKELAND FL 33802~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7010 Kitty Fox Lane (No mail delivered here)
Lakeland, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

3-6-02 863-644-2431

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

Date

Daytime Phone #

CR2E083 (9/01)