

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90297 011 ***150.00

DOCUMENT # M76698

1. Entity Name
SOUTHERN FARM SUPPLY, INC.



Principal Place of Business
**906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO FL 34221
US**

Mailing Address
**906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO FL 34221
US**

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 **65-0068995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HARRISON, THOMAS W.
1201-6TH AVE. W.
4TH FLOOR
BRADENTON FL 34205**

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 NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCER IV, ROBERT N 4820 RIVERVIEW BLVD. BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HARRISON, G. JOSEPH 1201-6TH AVENUE, W. BRADENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, R. JAY 1724 17TH ST. W. PALMETTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONETTE, WM. M 932 5TH AVENUE W. PALMETTO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MVS COFFMAN, GARY L 12625 C.R. 675 PARRISH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUME, THOMAS H JR. 906 HWY. 301 E. PALMETTO FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY L. COFFMAN 4/21/03 (941) 722-3281

CR2E034 (10/02)



SOUTHERN FARM SUPPLY, INC.

Nothing Runs Like A Deere



90102340

*ATTACHMENT
M76698*

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Southern Farm Supply, Inc.

906 US Hwy 301 North
P.O.Box 398
Palmetto, FL 34221

FEI Number 65-0068995

Additions to Section 10:

Title: DT

Name: Harllee Jr., Peter S.

Street address: 1803 21st Street West

City,ST,ZP: Palmetto, FL 34221

Title: DV

Name: Harrison, Thomas W.

Street address: 1201 6th Ave. W.

City,ST,ZP: Bradenton, FL 34205

P.O. Box 398
Palmetto, FL 34220-0398
(941) 722-3281 Office
(800) 767-3276
(941) 722-5860 Fax

2805 S.R.60 W.
Plant City, FL 33567
(813) 737-1660 Office
(813) 650-8206 Fax

15921 N. Florida Avenue
Lutz, FL 33549
(813) 264-7075 Office
(813) 908-0875 Fax

3801 N. Washington Blvd.
Sarasota, FL 34234
(941) 355-8833 Office
(941) 351-7392 Fax