

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90377 022 \*\*\*150.00

DOCUMENT # P000000317401

1. Entity Name

BROCK FARMS SALES & COOLING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3536 Tommy Brock Place

Suite, Apt. #, etc.

3. Mailing Address

4233 Homewood Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

Lakeland, FL

4. FEI Number

65-1074135

Applied For

Not Applicable

Zip

33566

Country

Hillsborough

Zip

33811

Country

Polk

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Gary Guynn

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

4233 Homewood Lane

City

Lakeland

FL

Zip Code  
33811

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Christopher Brock Director  
1513 Pinedale Meadows Court  
Plant City, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Gary Guynn Director  
4233 Homewood Lane  
Lakeland, FL 33811

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary M. Guynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

Daytime Phone #

813  
1918-0767

CR2E034B (12/01)