

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90381 042 ***558.75

DOCUMENT # P00000044415

1. Entity Name
ESCAMBIA FARMS, INC.

Principal Place of Business
**6850 PINE FOREST ROAD
 PENSACOLA FL 32526**

Mailing Address
**6850 PINE FOREST ROAD
 PENSACOLA FL 32526**

2. Principal Place of Business
**13661 Perdido Key Drive
 Suite, Apt. #, etc.
 # 1603**

3. Mailing Address
**P.O. Box 770
 Suite, Apt. #, etc.**

City & State
PENSACOLA, FL 32507

City & State
JAY, FLORIDA

4. FEI Number **59-3676897**

Applied For
 Not Applicable

Zip
32507

Country
ESCAMBIA

Zip
32565

Country
SANTA ROSA

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KING, LONNIE
 6850 PINE FOREST ROAD
 PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name **JERRY H. DAVIS**
 Street Address (P.O. Box Number is Not Acceptable)
**13661 Perdido Key Drive
 UNIT # 1603**
 City **PENSACOLA** FL Zip Code **32507**

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 **Jerry H. Davis PD**
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6-1-02
 DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD KING, LONNIE 6850 PINE FOREST ROAD PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, JERRY H 10472 HWY 87 NORTH MILTON FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, PATTY L 10472 HWY 87 NORTH MILTON FL 32570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. 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	PD DAVIS, JERRY H 13661 Perdido Key Drive UNIT # 1603 PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, PATTY L 13661 Perdido Key Drive UNIT # 1603 PENSACOLA, FL 32507	<input checked="" 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

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: **JERRY H. DAVIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-02
 Date

850-341-8862
 Daytime Phone #

0054901 AV

CR2E034 (9/01)