2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061876

APPROVED AND FILED

01 OCT -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004629312--0
-10/10/01--01030--010
****150.00 ****150.00
DO NOT WRITE IN THIS SPACE

1. Entity Name: DELTA TREE FARMS, INC.

Principal Place of Business: 150 N. GRAVES ROAD, FORT PIERCE, FL 34945

Mailing Address: P.O. BOX 2667, FORT PIERCE, FL 34954

2. Principal Place of Business: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 65-1035481 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent:
HENDERSON, STEVE L. ESQ.
817 BEACHLAND BLVD.
VERO BEACH, FL 32963

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	Delete
D CHRISTOPHER W. WILLIS 150 N. GRAVES ROAD FORT PIERCE FL 34945	☐
D J. BRANTLEY SCHIRARD JR. 150 N. GRAVES ROAD FORT PIERCE FL 34945	☐
D BRYAN D. SCHIRARD 150 N. GRAVES ROAD FORT PIERCE FL 34945	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E034 (11/00)

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: J. Brantley Schirard Jr. Vice President 9/27/01 561-466-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. Brantley Schirard Jr.