

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066063

1. Entity Name

E&S ALFORD FARM, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90546 004 ***150.00

Principal Place of Business

RT. 2 BOX 240, CLAUDE HARVEY RD.
GLEN ST. MARY FL 32040

Mailing Address

RT. 2 BOX 240, CLAUDE HARVEY RD.
GLEN ST. MARY FL 32040

2. Principal Place of Business

10658 EARL ALFORD
Lane
Suite, Apt. #, etc.

3. Mailing Address

10658 EARL ALFORD LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GLEN ST. MARY, FLA.

City & State

GLEN ST. MARY, FLA.

4. FEI Number

59-3667893

Applied For

Not Applicable

Zip

32040

Country

Baker

Zip

32040

Country

BAKER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFORD, EARL W
RT. 2 BOX 240, CLAUDE HARVEY RD.
GLEN ST. MARY FL 32040

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 D
NAME ALFORD, EARL W
STREET ADDRESS RT. 2 BOX 240, CLAUDE HARVEY RD.
CITY-ST-ZIP GLEN ST. MARY FL 32040 ☐ Delete

TITLE D
NAME ALFORD, CHERYL S
STREET ADDRESS RT. 2 BOX 240, CLAUDE HARVEY RD.
CITY-ST-ZIP GLEN ST. MARY FL 32040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ALFORD, EARL W.
STREET ADDRESS 10658 EARL ALFORD LANE
CITY-ST-ZIP GLEN ST. MARY, FLA 32040 ☒ Change ☐ Addition

TITLE D
NAME ALFORD, CHERYL S.
STREET ADDRESS 10658 EARL ALFORD LANE
CITY-ST-ZIP GLEN ST. MARY, FLA. 32040 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: EARL W. ALFORD EARL W. ALFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 904-259-2652

Date Daytime Phone #

CR2E034 (10/00)