

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90147 043 ***150.00

DOCUMENT # P00000073950

1. Entity Name
FOREVER FARM INC.



Principal Place of Business
**625 CINDY CIRCLE LANE
WELLINGTON FL 33414**

Mailing Address
**625 CINDY CIRCLE LANE
WELLINGTON FL 33414**

2. Principal Place of Business
607 CINDY DRIVE

3. Mailing Address
607 CINDY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

4. FEI Number
65-1034431

Applied For
Not Applicable

Zip
33414

Country
USA

Zip
33414

Country
USA

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

6. Name and Address of Current Registered Agent

**RHODES, DENIS C
625 CINDY CIRCLE LANE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name
DENIS C. RHODES
Street Address (P.O. Box Number is Not Acceptable)
607 CINDY DRIVE
City
WELLINGTON FL Zip Code
33414

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 **DENIS C. RHODES**

APRIL 21, 2003

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 **D** ☐ Delete
NAME **RHODES, DENIS C**
STREET ADDRESS **625 CINDY CIRCLE LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete
NAME **RHODES, SYLVIA E**
STREET ADDRESS **625 CINDY CIRCLE LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **RHODES, DENIS C**
STREET ADDRESS **607 CINDY DRIVE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☒ Change ☐ Addition
NAME **RHODES, SYLVIA E**
STREET ADDRESS **607 CINDY DRIVE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

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

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

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NAME
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CITY-ST-ZIP

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

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

APRIL 21, 2003

561-784-8526

Date

Daytime Phone #

CR2E034 (10/02)