

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 018 ***550.00

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DOCUMENT # P00000114529

1. Entity Name

JV & EM FARMS, INC.



Principal Place of Business
13088 MALLARD CREEK DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
13088 MALLARD CREEK DRIVE
PALM BEACH GARDENS FL 33418



2. Principal Place of Business

3. Mailing Address

10240 Blue Heron Cv.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

West Palm Beach

4. FEI Number 65-1059735

Applied For

Not Applicable

Zip

Country

Zip

Country

33412-3112

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERHOEFER, JAMES V
13088 MALLARD CREEK DRIVE
PALM BEACH GARDENS FL 33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MEYERHOEFER, JAMES V
STREET ADDRESS 13088 MALLARD CREEK DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10240 Blue Heron Cv.
CITY-ST-ZIP WPB, FL. 33412-3112

TITLE VD
NAME MEYERHOEFER, EVE V
STREET ADDRESS 13088 MALLARD CREEK DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10240 Blue Heron Cv.
CITY-ST-ZIP WPB, FL. 33412

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

561-626-0647
Daytime Phone #

CR2E034 (4/03)