

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

00115800 AT

**DOCUMENT # P01000115914**

1. Entity Name  
**GIFTS FROM THE FARM, INC.**

03-07-2002 90153 024 \*\*\*150.00

Principal Place of Business  
**315 N FORBES RD  
 PLANT CITY FL 33567**

Mailing Address  
**315 N FORBES RD  
 PLANT CITY FL 33567**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3112 Emerson PL.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3112 Emerson PL.**  
 Suite, Apt. #, etc.

City & State  
**Plant City, Florida**  
 Zip  
**33567**  
 Country  
**USA**

City & State  
**Plant City, Florida**  
 Zip  
**33567**  
 Country  
**USA**

4. FEI Number  
**80-0007526**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHUMAKER, DEANNA K  
 315 N FORBES RD  
 PLANT CITY FL 33567**

**7. Name and Address of New Registered Agent**

Name  
**Tina M. Grimes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3112 Emerson PL.**  
 City **Plant City** **FL** Zip Code **33567**

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 **Tina M. Grimes, President** *Tina M. Grimes* **2-25-02**  
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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>President, Secretary, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tina M. Grimes</b>
STREET ADDRESS	<b>3112 Emerson PL.</b>
CITY-ST-ZIP	<b>Plant City, FL. 33567</b>
TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brian R. Grimes</b>
STREET ADDRESS	<b>3112 Emerson PL.</b>
CITY-ST-ZIP	<b>Plant City, FL. 33567</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Tina M. Grimes* **Tina M. Grimes** **2-25-02** **(813)707-9633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)