

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0017741 SP

DOCUMENT # P01000122390

1. Entity Name

C & B FARMS, INC.

03-11-2002 90050 008 ***150.00

Principal Place of Business

**848 W AVENUE
 CLEWISTON FL 33440**

Mailing Address

**848 W AVENUE
 CLEWISTON FL 33440**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**H.C. RT 61, Box 13,
 Suite, Apt. #, etc.
 S.R. 835**

3. Mailing Address

**P.O. Box 1649
 Suite, Apt. #, etc.**

City & State

CLEWISTON, FL

City & State

CLEWISTON, FL

4. FEI Number

02-0541973

Applied For

Not Applicable

Zip

33440

Country

Zip

33440

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**YAUN, JOHN A
 848 W AVENUE
 CLEWISTON FL 33440**

7. Name and Address of New Registered Agent

Name **CHARLES W. OBERN**
 Street Address (P.O. Box Number is Not Acceptable)
H.C. RT 61, Box 13, SR 835
 City **CLEWISTON** FL Zip Code **33440**

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 **Charles W. Obern**
 Signature, typed or printed name of registered agent and title if applicable.
CHARLES W. OBERN

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/27/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAUN, JOHN A 848 W AVENUE CLEWISTON FL 33440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T/P CHARLES W. OBERN H.C. RT 61, Box 13, SR 835 CLEWISTON, FL 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles W. Obern**
 Signature, typed or printed name of signing officer or director
CHARLES W. OBERN

2/27/02 863/983-8269
 Date Daytime Phone #

CR2E034 (9/01)