

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90330 018 \*\*\*150.00

**DOCUMENT # P02000022427**

1. Entity Name  
**BEE BRANCH FARMS, INC.**



Principal Place of Business  
**3200 HOWARD ROAD  
LABELLE FL 33935**

Mailing Address  
**3200 HOWARD ROAD  
LABELLE FL 33935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03 0450367**

Applied For

Not Applicable

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

**COBB, THOMAS W JR  
3200 HOWARD ROAD  
LABELLE FL 33935**

Name **Lee W. Cobb**  
Street Address (P.O. Box Number is Not Acceptable)  
**12491 WOODTIMBER LANE**  
City **FT. MYERS, FL.** Zip Code **33913**

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 **Lee W. Cobb**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>THOMAS W. Cobb, JR</b> <input type="checkbox"/> Delete <b>3200 HOWARD RD.</b> <b>CHIEF OPERATING OFFICER</b> <b>LA BELLE, FLA. 33935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lee W. Cobb</b> <input type="checkbox"/> Delete <b>DIRECTOR, SECRETARY - TREASURER</b> <b>12491 WOODTIMBER LANE</b> <b>FT. MYERS, FLA 33913</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NANCY P. Cobb</b> <input type="checkbox"/> Delete <b>DIRECTOR</b> <b>3200 HOWARD RD.</b> <b>LA BELLE, FLA. 33935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LISA M. COBB</b> <input type="checkbox"/> Delete <b>DIRECTOR</b> <b>12491 WOODTIMBER LANE</b> <b>FT. MYERS, FLA. 33913</b>
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/03**

Date

**239-810-1158**

Daytime Phone #

CR2E034 (10/02)