

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 041 ***150.00

DOCUMENT # **P02000054156**

1. Entity Name

SCOPELAND FARMS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10060 SE 126 BLVD.

Suite, Apt. #, etc.

3. Mailing Address

10060 SE 126 BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE, FL.

City & State

OKEECHOBEE, FL.

4. FEI Number

01-0698856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **34974**

Country

USA

Zip

34974

Country

USA

7. Name and Address of Current Registered Agent

Name

SCOPELITIS, JAMES

Street Address (P.O. Box Number is Not Acceptable)

10060 SE 126 BLVD.

OKEECHOBEE FL. 34974

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PD**
NAME **SCOPELITIS, JAMES**
STREET ADDRESS **10060 SE 126 BLVD**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **VSD**
NAME **SCOPELITIS, DOROTHY**
STREET ADDRESS **10060 SE 126 BLVD**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Dorothy Scopelitis (DOROTHY SCOPELITIS)** 3/12/05 863.763.9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)