

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**  
09-05-2003 90109 035 \*\*\*550.00

0143806 AT

DOCUMENT # P02000065610

1. Entity Name  
FARMER BOB'S GROVES, INC.



Principal Place of Business  
1291 SW CEDAR COVE  
PORT ST. LUCIE FL 34986

Mailing Address  
1291 SW CEDAR COVE  
PORT ST. LUCIE FL 34986



2. Principal Place of Business  
~~6420 Monterey Rd.~~  
Suite, Apt. #, etc.  
~~1111~~

3. Mailing Address  
~~STATE~~  
Suite, Apt. #, etc.

City & State  
~~San Jose CA~~

City & State

4. FEI Number  
38-3653138  
Applied For  
Not Applicable

Zip  
34986  
Country  
USA

Zip  
Country

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

## 6. Name and Address of Current Registered Agent

COUTURE, ROBERT J  
1291 SW CEDAR COVE  
PORT, ST. LUCIE FL 34986

## 7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	VD COUTURE, ROBERT J 1291 SW CEDAR COVE PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COUTURE, MAXINE L 1291 SW CEDAR COVE PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
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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:

*Robert J. Couture*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-03 7725289395  
Date Daytime Phone #

CR2E034 (4/03)