

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90146 004 ***150.00

DOCUMENT # P02000128276

1. Entity Name

MCGRATH FARMS, INC.



Principal Place of Business

4935 WAVERLY WOODS TERRACE
LAKE WORTH FL 33463

Mailing Address

4935 WAVERLY WOODS TERRACE
LAKE WORTH FL 33463

2. Principal Place of Business

4935 Waverly Woods

Suite, Apt. #, etc.

3. Mailing Address

4935 Waverly Woods

Suite, Apt. #, etc.

City & State

Lake Worth, Fla

City & State

Lake Worth, Fla

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

13-1987070

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MALLINGER, MARTIN R

COMPSON FINANCIAL CENTER STE 302

980 NORTH FEDERAL HWY

BOCA RATON FL 33432-2704

7. Name and Address of New Registered Agent

Name

Michael J. Kastenholtz

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

4935 Waverly Woods

City

Lake Worth, Fla

FL

Zip Code

33463

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

Michael J. Kastenholtz

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

(NOTE: Registered Agent signature required when reinstating)

02/26/03

DATE

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

TITLE DPT
NAME KASTENHOLTZ, MICHAEL J
STREET ADDRESS 4935 WAVERLY WOODS TERRACE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE DVS
NAME KASTENHOLTZ, KATHLEEN M
STREET ADDRESS 4935 WAVERLY WOODS TERRACE
CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Date

02/26/03

Daytime Phone #

561-436-6307

CR2E034 (10/02)