2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P9300000199

City-St-Zip:

TAVARES, FL

Entity Name: SCOTT BROS. FARMS. INC

FILED Apr 22, 2002 8:00 AM Secretary of State

Entity Name: 30011 BROS. I ARIVIS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4705 SLOE MT DORA,	WOOD DR FL 32757				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4705 SLOEWOOD DR MT DORA, FL 32757			P.O.BOX 1228 ZELLWOOD, FL 3277	P.O.BOX 1228 ZELLWOOD, FL 32778	
FEI Number:	59-3187021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
KEMP, E. DAVID 4705 SLOEWOOD DR MT DORA, FL 32757 US			SCOTT, FRANK D PD 4705 SLOEWOOD DR MT DORA, FL 32757	SCOTT, FRANK D PD 4705 SLOEWOOD DR MT DORA, FL 32757 US	
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: FRANK D. SCOTT,III				04/22/2002	
Electronic Signature of Registered Agent			nt	Date	
		o satisfy its Intangible Tax filing requ g Trust Fund Contribution ().	uirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (SCOTT, FRANI 28121 TAMMI I TAVARES, FL	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SCOTT, HENSO 217 W 6TH AV MT DORA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (SCOTT, CYNTH 28121 TAMMI I		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: FRANK D. SCOTT, III P 04/22/2002