

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90008 007 ***158.75

DOCUMENT # P93000021604

1. Entity Name
L.E. STEPHENS HARVESTING, INC.

Principal Place of Business

**HWY 636 EAST
WAUCHULA FL 33873**

Mailing Address

**P.O. BOX 864
WAUCHULA FL 33873
US**

00020040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

182 Boyd Cowart Rd.

3. Mailing Address

Suite, Apt. #, etc.

Wauchula,

City & State

FL

4. FEI Number **65-0393002**

Applied For

Not Applicable

Zip **33873**

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**STEPHENS, L E
RT 1 BOX 23A
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name **L.E. Stephens**
Street Address (P.O. Box Number is Not Acceptable) **1105 North Florion Ave**
City **Wauchula** FL **33873**

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.

SIGNATURE **L.E. Stephens**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, L E	
STREET ADDRESS	RT 1 BOX 23A	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCLEOD, BURTON D SR	
STREET ADDRESS	HWY 664B	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLEOD, MARY J	
STREET ADDRESS	HWY 664B	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephens, L.E.	
STREET ADDRESS	1105 North Florion Ave	
CITY-ST-ZIP	Wauchula, FL.	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Burton D., Sr.	
STREET ADDRESS	182 Boyd Cowart Rd	
CITY-ST-ZIP	Wauchula FL. 33873	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Mary Jane	
STREET ADDRESS	182 Boyd Cowart Rd.	
CITY-ST-ZIP	Wauchula FL. 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Mary Jane McLeod** **1-15-02 863-773-6195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)