

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90194 022 ***150.00

DOCUMENT # P93000023572

1. Entity Name
STALEY FARMS ENTERPRISES, INC.



Principal Place of Business
**3421 PALM BEACH BLVD.
FORT MYERS FL 33916
US**

Mailing Address
**3421 PALM BEACH BLVD.
FORT MYERS FL 33916
US**



2. Principal Place of Business
Same

3. Mailing Address
1005 Lucerne Parkway
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

City & State

City & State
Cape Coral

4. FEI Number **65-0477283**

Applied For
Not Applicable

Zip Country

Zip Country
FL 33904 Lee

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACDONALD, JAMES
3426 PALM BCH BLVD
FORT MYERS FL 33916**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE **PT** ☐ Delete
NAME **MACDONALD, JAMES**
STREET ADDRESS **1005 LUCERNE PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **S** ☐ Delete
NAME **MACDONALD, TERESA**
STREET ADDRESS **1005 LUCERNE PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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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 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

Daytime Phone #

02/10/2003

CR2E034 (10/02)