

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90082 040 ***150.00



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P93000061533

1. Entity Name
DEVIL'S GARDEN HARVESTING, INC.

Principal Place of Business
HC 61 BOX 61
CLEWISTON FL 33440

Mailing Address
HC 61 BOX 61
CLEWISTON FL 33440

2. Principal Place of Business

25670 CR833

3. Mailing Address

25670 CR833

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston

City & State

Clewiston

4. FEI Number

65-0435152

Applied For

Not Applicable

Zip

33440

Country

Hendry

Zip

33440

Country

Hendry

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCDANIEL, ROBERT E SR
HC 61 BOX 60
CLEWISTON FL 33440

DECEASED
2/02

7. Name and Address of New Registered Agent

Name

Robert E. McDaniel, Jr

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

25670 CR833

City

Clewiston

FL

Zip Code

33440

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

1-13-03

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	V	<input type="checkbox"/> Delete
NAME	MCDANIEL, ROBERT E. JR.	
STREET ADDRESS	HC 61, BOX 61 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDANIEL, MARY	
STREET ADDRESS	HC 61, BOX 61 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCDANIEL, JOHN L	
STREET ADDRESS	HC 61, BOX 61 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCDANIEL, JAMES JEFFREY	
STREET ADDRESS	HC 61, BOX 61 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDANIEL, JOSEPH DAVID	
STREET ADDRESS	HC 61, BOX 61 N/A	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25670 CR833
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03

CR2E034 (10/02)