

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90037 046 ***550.00

DOCUMENT # P94000090865

1. Entity Name
C.W. FARMS, INC.

Principal Place of Business
21039 FLETCHER ROAD
O'BRIEN FL 32071
US

Mailing Address
P O BOX 176
O'BRIEN FL 32071
US

2. Principal Place of Business
21069 FLETCHER ROAD
 Suite, Apt. #, etc.

3. Mailing Address
P O BOX 206
 Suite, Apt. #, etc.

City & State
O'BRIEN FL

City & State
O'BRIEN FL

Zip
32071

Country
US

Zip
32071

Country
US

4. FEI Number **59-3294875**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PETERSON, BUNA
116 SW 5TH STREET
JASPER FL 32052

7. Name and Address of New Registered Agent
 Name **PETERSON, BUNA**
 Street Address (P.O. Box Number is Not Acceptable)
21069 FLETCHER ROAD
 City **O'BRIEN** **FL** Zip Code **32071**

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 _____
 Signature, typed or printed name of registered agent and title 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BUNA		NAME		
STREET ADDRESS	P O BOX 1559		STREET ADDRESS		
CITY-ST-ZIP	JASPER FL 32052		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCOUGH, JUDY		NAME	ASCOUGH, JUDY	
STREET ADDRESS	P O BOX 176		STREET ADDRESS	P O BOX 176	
CITY-ST-ZIP	O'BRIEN-FL 32071		CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, THOMAS		NAME		
STREET ADDRESS	RT 1 BPX 143		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE FL 32464		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, WILLIAM D.		NAME		
STREET ADDRESS	P O BOX 271		STREET ADDRESS		
CITY-ST-ZIP	O'BRIEN FL 32071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **William D. Peterson** **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/1/2000** Daytime Phone # **904-935-4072**

CR2E034 (5/00)