

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070844

1. Entity Name
THREE S'S FARMS, INC.

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90006 011 ***550.00

Principal Place of Business
**2723 E HOLLY POINT RD
ORANGE PARK FL 32073**

Mailing Address
**2723 E HOLLY POINT RD
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3338319**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCALES, DAVID F
2723 E HOLLY POINT RD
ORANGE PARK FL 32073**

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.

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 **D** ☐ Delete
NAME **SCALES, DAVID F**
STREET ADDRESS **2723 E HOLLY POINT RD**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

July 31st 2000

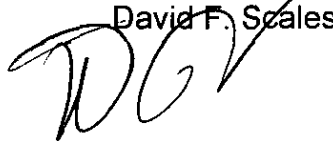
(attachment)
(Doc# P95000070844)
AD07139D

To: Division of Corporations, Registration Section, Uniform Business Report Filings

From: David F. Scales

Subject: Late filings for the Scales Limited Partnership and 3 S' s Farms, Inc. I ask that these late filings be excused, particularly with regard to any possible penalty fees in that, for some unexplained reason, I did not receive the first notice of the filings. I recently received the second notices and will enclose the front page of them for your information. I promptly acted upon receipt of these! According to telephone conversation with one your colleagues I was told his letter of explanation should be sufficient.

David F. Scales

A handwritten signature in dark ink, appearing to be 'DGS', with a long, sweeping horizontal line extending to the right across the page.