

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90150 008 ***150.00

DOCUMENT # P95000081147

1. Entity Name
QUARTER CIRCLE B FARMS, INC.



Principal Place of Business
**1500 JACOBS ROAD
DELAND FL 32724**

Mailing Address
**1500 JACOBS ROAD
DELAND FL 32724**

2. Principal Place of Business

1492 Jacobs Rd

3. Mailing Address

1492 Jacobs Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32724

Country

USA

Zip

32724

Country

USA

4. FEI Number

59-3344091

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNER, RONALD L
1500 JACOBS ROAD
DELAND FL 32724**

7. Name and Address of New Registered Agent

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

Denise Berner, Denise Berner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

**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 **D** ☐ Delete
NAME **BERNER, RONALD L**
STREET ADDRESS **1500 JACOBS ROAD 1492 Jacobs Rd.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ Delete
NAME **BERNER, KAREN D**
STREET ADDRESS **1500 JACOBS ROAD 1492 Jacobs Rd.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Denise Berner, Denise Berner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

Date

Daytime Phone #

CR2E034 (10/02)