

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082802

1. Entity Name

FARMERS BEST, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90041 033 ***150.00

Principal Place of Business

Mailing Address

4228 HWY 4
JAY FL 32565

PO BOX 299
JAY FL 32565

2. Principal Place of Business

3968 Hwy 4.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jay FL

City & State

Zip

32565

Country

Zip

Country

4. FEI Number

59-3363484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRY, THOMAS B
2185 PITAIC RD
JAY FL 32565

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE P
NAME HENRY, THOMAS B
STREET ADDRESS LAKEVIEW ROAD
CITY-ST-ZIP JAY FL ☐ Delete

TITLE VP
NAME MOORE, WALTER N
STREET ADDRESS 5411 TERREL LOWERY RD
CITY-ST-ZIP JAY FL 32565 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

850 675 2115

Daytime Phone #

CR2E034 (10/00)

0468946