

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90517 018 ***150.00

DOCUMENT # P96000079789

1. Entity Name
BEACHWALKER FARMS, INC.



Principal Place of Business
10887 N.W. 28TH PLACE
OCALA FL 34482
US

Mailing Address
10887 N.W. 28TH PLACE
OCALA FL 34482
US

2. Principal Place of Business

16405 W HWY 326

Suite, Apt. #, etc.

3. Mailing Address

16405 W HWY 326

Suite, Apt. #, etc.

City & State

MORRISTON FL.

City & State

MORRISTON FL.

Zip

32668

Country

USA

Zip

32668

Country

USA

4. FEI Number

59-3417177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B
2590 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 33942

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **BEACHLER, JERRY**
STREET ADDRESS **10887 N.W. 28TH PLACE**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ Delete
NAME **BEACHLER, ROSALIE A**
STREET ADDRESS **10887 N.W. 28TH PLACE**
CITY-ST-ZIP **OCALA FL 34482**

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 **16405 W HWY 326**
CITY-ST-ZIP **MORRISTON FL. 32668**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16405 W HWY 326**
CITY-ST-ZIP **MORRISTON FL. 32268**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

Jerry W. Beachler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/03 (352-369-9846)

CR2E034 (10/02)