

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088247

1. Entity Name

TKM FARMS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90180 022 ***150.00

Principal Place of Business

Mailing Address

P O BOX 1329
SUITE 203
LOXAHATCHEE FL 33470
US

P O BOX 1329
SUITE 203
LOXAHATCHEE FL 33430-8501
US

A0033279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3950 BROWNS FARM
ROAD
Suite, Apt. #, etc.

P.O. BOX 2658
Suite, Apt. #, etc.

City & State
BELLE GLADE FL

City & State
BELLE GLADE FL

Zip
33430

Country
USA

Zip
33430

Country
USA

4. FEI Number 65-0699132

Applied For
Not Applicable

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

TEETS, FRANK D JR
1384 PRIMROSE LANE
SUITE 203
WELLINGTON FL 33414

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BASORE, TOBIN
STREET ADDRESS 13388 BEDFORD MEWS CT
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

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

TITLE VD
NAME BASORE, MIKE
STREET ADDRESS 2593 YARMOUTH DRIVE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

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

TITLE STD
NAME BASORE, KEVIN
STREET ADDRESS 13871 NORWICK ST
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Michael Basore* MICHAEL BASORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00 561-996-1980
Date Daytime Phone #

CR2E034 (9/99)