

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90158 042 \*\*\*150.00

**DOCUMENT # P96000088247**

1. Entity Name  
**TKM FARMS, INC.**

Principal Place of Business

**3950 BROOKS FARM RD  
 BELLE GLADE FL 33430  
 US**

Mailing Address

**P.O. BOX 2038  
 BELLE GLADE FL 33430  
 US**

2. Principal Place of Business

**3950 BROOKS FARM RD**

3. Mailing Address

**P.O. Box 39**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BASORE, MICHAELS**

**2093 VININGS CIRCLE #702**

**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **MICHAEL BASORE**

Street Address (P.O. Box Number is Not Acceptable)

**15945 MEADOWWOOD DRIVE**

City **WELLINGTON**

**FL**

Zip Code **33414**

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 reinstalling)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	<b>BASORE, TOBIN</b>	
STREET ADDRESS	<b>1140 BLOCK ISLAND ROAD</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BASORE, MIKE</b>	
STREET ADDRESS	<b>2093 VININGS CIRCLE #702</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>BASORE, KEVIN</b>	
STREET ADDRESS	<b>1890 LYNTON CIRCLE</b>	
CITY-ST-ZIP	<b>WELLINGTON FL 33414</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>BASORE, BRIAN D</b>	
STREET ADDRESS	<b>1603 PALM BEACH TRACE DR</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>15945 MEADOWWOOD DRIVE</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRIAN BASORE 4-17-02 561-996-1980**

Date

Daytime Phone #

CR2E034 (9/01)