

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90118 032 ***150.00

DOCUMENT # P96000093510

1. Entity Name
C & R DAIRY FARMS, INC.

Principal Place of Business

14041 O'CONNOER RD
KATHLEEN FL 33849
US

Mailing Address

6202 SILVER OAK DR
ZEPHYRHILLS FL 33541
US

2. Principal Place of Business

14041 O'CONNER RD

3. Mailing Address

PO BOX 396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KATHLEEN FL

City & State

ZEPHYRHILLS FL

Zip

Country

33849

US

Zip

Country

33539

US

6. Name and Address of Current Registered Agent

ROMAN, CARLOS A
14041 O'CONNER RD
KATHLEEN FL 33849

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-3409026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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, 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 **PV** ☐ Delete
NAME **ROMAN, CARLOS A**
STREET ADDRESS **6202 SILVER OAK DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **TS** ☐ Delete
NAME **ROMAN, GLORIA M**
STREET ADDRESS **6202 SILVER OAK DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO BOX 396**
CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **PO BOX 396**
CITY-ST-ZIP **ZEPHYRHILLS FL 33539**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)