2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-02-2003 90758 040 ***150.00

5/2/.

1. Entity Nam	MENT # P9700 PON'S TREE FARM, INC.	L) V			03-02-2			130.00		
Principal Place of Business Mailing Address 1991 INDUSTRIAL DRIVE 1991 INDUSTRIAL DRIVE DELAND FL 32724 DELAND FL 32724					55048219					
Principal Place of Business 3. Mailing Address					┦ .					
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE	IF MAKING	CHANGES		
City & State		City & State				KU-2//2/KK-20			oplied For of Applicable	}
Zip 	Country	Zip -	Coun	itry		licate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent				-Name	7. Feating	4 BIID YOU SEE OI HEW	Dafterer W	1011L		1
	TH ORANGE AVENUE				(P.O. Box N	umber is Not Acceptabl	ө)			- - -
SUITE 1490 Orlando Fl 32801				City			FL	Zip Cod	le	-
	named entity submits this statement for tions of registered agent.					·	korida. I am fa	miliar with,	and accept	1
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signature require	idstanien nerhw be	ng)	DATE			1
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		,			Election Campaign Fi Trust Fund Contribution	on. 🗆	Added	May Be i to Fees	
10.	OFFICERS AND		11.		ADDITIO	ONS/CHANGES TO OF	ICERS AND I	DIRECTOR	S IN 11	}_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, DAVID R 1991 INDUSTRIAL DRIVE DELAND FL 32724	Delete PRESIDENT DIRECTOR		1			_	Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. Gale Lemerand 103 B North Lake Roa Ormond Beach, FL 32			L.			·~	☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lowell E. Renfroe P.O. Box 192 DeLand, FL 32721	DI RECTOR		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard McMahan 125 E. Indiana Ave S	Uite A2	TITLE NAMI STRE				1	Change	Addition	
TITLE NAME STREET ADDRESS	Jack S. Singleton 2333 Southern Pines	☐ Delete	TITLE				(Change	Addition	
CITY-ST-ZIP	Deland, FL 32724	DIRECTOR		ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		L.			[Change	☐ Addition	
12. I hereby of indicated of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo or on an attachment with an address. w	this filing does not qualify for true and accurate and that m world to execute this report a jir all other like empowered.		mption stated in Se ure shall have the ed by Chapter 607	ection 119.0 same legal of 7, Florida Sta	7(3)(i), Florida Statutes. effect as if made under a atules; and that my nam	I further certificath; that I am e appears in E	y that the in an officer Block 10 or	of director Block 11 if	