

2001 UNIFORM BUSINESS REPORT (UBR)

02-08-2001 90459 031 ***150.00
P97000018806

DOCUMENT # P97000018806

1. Entity Name

Blue Oak Farms, Inc.

W01-5305

FILED

01 APR -9 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

27096

DO NOT WRITE IN THIS SPACE

98-01

Principal Place of Business

Mailing Address

4010 Powerline Road
Lithia, FL 33547

P.O. Box 324
Lithia, FL 33547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

59-3436067

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Bret Boston
4010 Powerline Road
Lithia, FL 33547

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

Bret Boston

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-01

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, 2001 Fee will be \$350.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Bret Boston
4010 Powerline Road
Lithia, FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Sarah Boston
4010 Powerline Road
Lithia, FL 33547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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400004013664
-04/17/01--01077--
*****450.00 *****450.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
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SP

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:

Bret Boston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01 8/3-629-8819

Date

Daytime Phone #

2/23