

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90454 037 ***150.00

DOCUMENT # P97000032991

1. Entity Name
WESTBROOK FARMS, INC.

Principal Place of Business

**5210 CIRCLE 305
 BUNNELL FL 32110**

Mailing Address

**5210 CIRCLE 305
 BUNNELL FL 32110**

2. Principal Place of Business

5210 CR 305

3. Mailing Address

5210 CR 305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Bunnell FL

Zip

32110

Country

Zip

32110

Country

4. FEI Number

59-3449005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL ESQ
 1 FLORIDA PARK DR. SOUTH
 ATRIUM SUITE
 PALM COAST FL 32137**

Name

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

City

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

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 Sta**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **HIRX, ROBERT L**
 STREET ADDRESS **5210 CIRCLE 305**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ Delete
 NAME **HIRX, ROSE L**
 STREET ADDRESS **5210 CIRCLE 305**
 CITY-ST-ZIP **BUNNELL FL 32110**

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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 #

Please note
CR
 stands for
 "County Road"
 Not "Circle"

CR2E034 (9/01)