

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90188 008 ***150.00

DOCUMENT # P97000048118

1. Entity Name
BILMAR FARMS, INC.

Principal Place of Business **Mailing Address**

1638 WALKER RD. 7281 WILKERSAN RD
 LAKELAND FL 33809 STOCKBRIDGE GA 32081

2. Principal Place of Business **3. Mailing Address**

4260 SR 60 W. Suite, Apt. #, etc.

City & State **City & State**

MULBERRY FL. City & State

Zip **Country** **Zip** **Country**

33860 U.S.A. Zip Country

4. FEI Number **Applied For**

59-3454503 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

☐ ☐

6. Name and Address of Current Registered Agent

FULFORD, MARLENE M
535 TIFFANY TERRACE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name WILLIAM H. FULFORD JR.
Street Address (P.O. Box Number is Not Acceptable)
 535 TIFFANY TERRACE
City LAKELAND **FL** **Zip Code** 33813

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 W.H. Fulford Jr. W.H. FULFORD JR 4-16-02
 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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **\$5.00 May Be**
☐ **Make Check Payable to Department of State** ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS **12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULFORD, MARLENE M 535 TIFFANY TERR. LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAM H. FULFORD JR 535 TIFFANY TERRACE LAKELAND FL 33813 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: W.H. Fulford Jr. W.H. FULFORD JR 4/16/02 678-488-8811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)