

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 010 ***150.00

0423409 AV

DOCUMENT # P98000014675

1. Entity Name
CORNERSTONE FARMS OF SOUTH FLORIDA, INC.



Principal Place of Business
4574 HUNTING TRAIL
LAKE WORTH FL 33467
US

Mailing Address
4574 HUNTING TRAIL
LAKE WORTH FL 33467
US

2. Principal Place of Business
15260 46th Lane South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington FL

City & State

4. FEI Number **65-0815663**

Applied For
Not Applicable

Zip **33414** **Country** **US**

Zip **Country**

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MEDLEY, MICHAEL L
4574 HUNTING TRAIL
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **MEDLEY, MICHAEL L**
STREET ADDRESS **4574 HUNTING TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **MEDLEY, DIANE F**
STREET ADDRESS **4574 HUNTING TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DIANE F. MEDLEY** **4/29/03** **561-478-2102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)