

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2002 8:00 am
Secretary of State

07-14-2002 90050 043 ***558.75

DOCUMENT # P98000042979

1. Entity Name

FARMERS MANUFACTURING ACQUISITION COMPANY, INC.

Principal Place of Business

**360 SOUTH WYMORE ROAD
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**360 SOUTH WYMORE ROAD
 ALTAMONTE SPRINGS FL 32714**

00120337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

814 Hammondville Rd
 Suite, Apt. #, etc.

3. Mailing Address

814 Hammondville Rd
 Suite, Apt. #, etc.

City & State

Pompano beach FL

City & State

Pompano beach FL

4. FEI Number

65-0834569

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCKEEVER, PATRICIA

**360 S WYMORE RD
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Elizabeth Ford

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

814 Hammondville Rd

City

Pompano beach

FL

Zip Code

33060

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **VD** ☐ Delete
 NAME **REESER, DENNIS**
 STREET ADDRESS **360 SOUTH WYMORE ROAD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **PD** ☐ Delete
 NAME **REESER, DICK M**
 STREET ADDRESS **2700 NE CENTER AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **ST** ☒ Delete
 NAME **MCKEEVER, PATRICIA**
 STREET ADDRESS **360 SOUTH WYMORE ROAD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **ST Elizabeth Ford**
 STREET ADDRESS **814 Hammondville Rd**
 CITY-ST-ZIP **Pompano beach FL 33060**

TITLE ☐ Change ☒ Addition
 NAME **VP Morgan Reeser**
 STREET ADDRESS **814 Hammondville Rd**
 CITY-ST-ZIP **Pompano beach FL 33060**

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

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

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02

954 946 3066

Date

Daytime Phone #