

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90224 026 \*\*\*150.00

**DOCUMENT # P99000022261**

1. Entity Name

**CERTIFIED FARMS, INC.**

Principal Place of Business

**5020 S W 70 AVE  
 DAVIE FL 33314**

Mailing Address

**5020 S W 70 AVE  
 DAVIE FL 33314**

2. Principal Place of Business

**5020-SW 70 AVENUE**

3. Mailing Address

**5020-SW 70 Avenue**

Suite, Apt. #, etc.

**DAVIE FL**

Suite, Apt. #, etc.

**DAVIE FL**

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0933462**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WACHTSTETTER, LEONA D  
 5020 S W 70 AVE  
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **LEONA D WACHTSTETTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5020 SW 70 AVE**  
**DAVIE FL**  
 City **FL** Zip Code **33314**

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

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.  
 (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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTSTETTER, LEONA D</b>	
STREET ADDRESS	<b>5020 S W 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTSTETTER, WILLIAM R</b>	
STREET ADDRESS	<b>5020 S.W. 70TH AVE.</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTSTETTER, THOMAS R</b>	
STREET ADDRESS	<b>5150 S W 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAVRIDES, MARIANNE</b>	
STREET ADDRESS	<b>3260 S.W. 44TH ST.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTSTETTER, JAMES M</b>	
STREET ADDRESS	<b>5020 S.W. 70TH AVE.</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACHTSTETTER, CATHY L</b>	
STREET ADDRESS	<b>2661 S.W. 51ST CT.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRES. D. WACHTSTETTER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONA D WACHTSTETTER</b>	
STREET ADDRESS	<b>5020-SW 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D. WILLIAM R WACHTSTETTER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM R WACHTSTETTER</b>	
STREET ADDRESS	<b>5020-SW 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>V.P. THOMAS WACHTSTETTER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS WACHTSTETTER</b>	
STREET ADDRESS	<b>5150 SW 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>SEC/TREAS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIANNE MAVRIDES</b>	
STREET ADDRESS	<b>3260-SW 44 ST</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33312</b>	
TITLE	<b>D. JAMES WACHTSTETTER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES WACHTSTETTER</b>	
STREET ADDRESS	<b>5020-SW 70 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
TITLE	<b>D. CATHY WACHTSTETTER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CATHY WACHTSTETTER</b>	
STREET ADDRESS	<b>2661-SW 51 COURT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33314</b>	

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:

*Leona Wachtstetter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/27/02*

CR2E034 (9/01)