

2000 UNIFORM BUSINESS REPORT (UBR)

9/13/00-90057-016-\$550.00-\$550.00

DOCUMENT # P99000027910

1. Entity Name

SILVER OAK FARMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 12:48

AU077458



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1560 MATTHEW DRIVE, SUITE H
FORT MYERS FL 33907

Mailing Address

1560 MATTHEW DRIVE, SUITE H
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650905595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTHOLOMEW, BRUCE
1560 MATTHEW DRIVE, SUITE H
FORT MYERS FL 33907

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.

SIGNATURE

Signature of agent or person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

9/11/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

BRUCE BARTHOLOMEW, PRESIDENT
1560 MATTHEW DRIVE, STE. H
FORT MYERS, FLORIDA - 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ROBBY WILSON, SECRETARY
1239 MORNINGSIDES DRIVE
FORT MYERS, FLORIDA 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

Delete

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 reports 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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

741 936-0144

Daytime Phone

CR2E034 (\$500)