FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91116 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

200

DOCUMENT # P 99000042155

1. Entity Name

SUNSHINE STATE FARMS, INC.

DO NOT WRITE IN THIS SPACE

664223

2. Principal Place of Business	3. Mailing Address
114 New Market RD. E	P.O. Box 5056
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee, FL. 34142	City & State: IMMOKALEE, FL.
Zip: 34142 Country: COLLIER	Zip: 34143 Country: COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-357-4523 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JUDY ROBERTS

Street Address (P.O. Box Number is Not Acceptable): 114 New MARKET ROAD EAST

City: Immokalee FL Zip Code: 34142

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT / DIRECTOR
NAME	JUDY ROBERTS
STREET ADDRESS	P.O. Box 5056
CITY-ST-ZIP	IMMOKALEE, FL. 34143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judy R. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 30 APRIL 2002

Daytime Phone #: 239-657-2652

Attachment
#P99000042155/6604223

Florida Department of State, Division of Corporations

Public Inquiry

Florida Profit

SUNSHINE STATE FARMS, INC.

PRINCIPAL ADDRESS
114 NEW MARKET ROAD
IMMOKALEE FL 33142

MAILING ADDRESS
PO BOX 5056
IMMOKALEE FL 34143

Document Number	FEI Number	Date Filed
P99000042155	593574523	05/10/1999
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
ROBERTS, JUDY R 114 NEW MARKET ROAD IMMOKALEE FL 34142

Officer/Director Detail

Name & Address	Title
ROBERTS, JUDY R PO BOX 5056 IMMOKALEE FL 34143	D

Annual Reports

Report Year	Filed Date	Intangible Tax
2000	06/20/2000	
2001	05/15/2001	Y