

2004
2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042155

1. Entity Name
SUNSHINE STATE FARMS, INC.

Principal Place of Business
114 NEW MARKET ROAD
IMMOKALEE FL 33142

Mailing Address
PO BOX 5056
IMMOKALEE FL 34143

2. Principal Place of Business
113 VANN Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PAXTON, FL.

City & State

4. FEI Number
59-3574523

Applied For
Not Applicable

Zip
32538

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

ROBERTS, JUDY R
114 NEW MARKET ROAD
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent

Name
JUDY ROBERTS
Street Address (P.O. Box Number is Not Acceptable)
113 VANN Circle
City
PAXTON FL Zip Code
32538

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-04

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, JUDY R
PO BOX 5056
IMMOKALEE FL 34143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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

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

Date

Daytime Phone #

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 005 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)