

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90976 036 \*\*\*158.75

**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**

**80103315**



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  
**U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, JUDY R  
114 NEW MARKET ROAD  
IMMOKALEE FL 34142**

Name **JUDY R. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Judy R. Roberts**

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

(NOTE: Registered Agent signature required when reinstating)

**28 April 2003**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. 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 10 or Block 11 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

**28 April 2003 239-860-3553**

Date

Daytime Phone #

CR2E034 (10/02)