

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90031 039 ***150.00

DOCUMENT # P99000065636

1. Entity Name

BROOKE FARMS, INC.

Principal Place of Business

**POST OFFICE BOX 2784
 LAKELAND FL 33806**

Mailing Address

**POST OFFICE BOX 2784
 LAKELAND FL 33806**

2. Principal Place of Business

5900 Imperial Lakes Blvd. P.O. Box 7595

3. Mailing Address

Suite, Apt. #, etc.

City & State
Mulberry, FL

City & State
Lakeland, FL

Zip Country
33860-8670 Polk

Zip Country
33807-7595 Polk

4. FEI Number **59-3588998**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H
 908 SOUTH FLORIDA AVENUE SUITE 102
 COLONIAL BUILDING
 LAKELAND FL 33803**

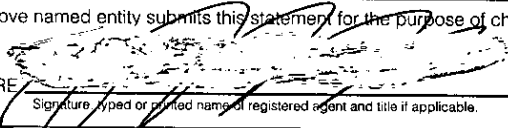
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
925 S. Florida Ave

City **Lakeland** **FL** Zip Code **33803**

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  (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 ☐ Delete
 NAME **D HARPER, ROBERT F IV**
 STREET ADDRESS **908 S. FLORIDA AVE. SUITE 106**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME **D STOKES, JEFFREY K**
 STREET ADDRESS **1655 OLD LAKE WALES ROAD**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☐ Delete
 NAME **D BLALOCK, WILLIAM M**
 STREET ADDRESS **1111 8TH AVENUE WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
 STREET ADDRESS **5900 Imperial Lakes Blvd.**
 CITY-ST-ZIP **Mulberry, FL 33860-8670**

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS **1101 6th Ave, West, Suite 101**
 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 823 607-9500

CR2E034 (9/01)