

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2003 90198 045 ***150.00

DOCUMENT # P99000073417

1. Entity Name

JENNINGS FARMS, INC.



Principal Place of Business

**15765 SW 206 AVE
MIAMI FL 33187**

Mailing Address

**15765 SW 206 AVE
MIAMI FL 33187**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JENNINGS, JAMES B
15765 SW 206 AV
MIAMI FL 33187**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PVD** ☐ Delete
NAME **JENNINGS, JAMES BRYAN**
STREET ADDRESS **15765 SW 206 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **STD** ☐ Delete
NAME **JENNINGS, WENDI S**
STREET ADDRESS **15765 SW 206 AV**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/D** ☐ Change ☒ Addition
NAME **James D Jennings**
STREET ADDRESS **19791 SW 302 ST**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE **P/D/C** ☒ Change ☐ Addition
NAME **James B Jennings**
STREET ADDRESS **15765 SW 206 AVE**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
James B. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03
Date

305 218-4661
Daytime Phone #

CR2E034 (10/02)