

2001 UNIFORM BUSINESS REPORT (UBR)

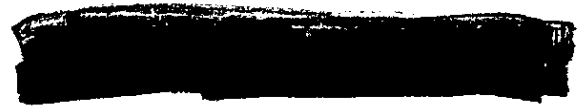
DOCUMENT # P99000090812

1. Entity Name
FARRIS CUSTOMS BROKERS, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91150 033 ***150.00

Principal Place of Business		Mailing Address	
10060 AMBERWOOD RD., SUITE 2 FORT MYERS, FL 33913		SAME	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964800		Applied For ☐ Not Applicable	
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	
BARKER, R. SCOTT 12699 NEW BRITTANY BLVD. FT. MYERS FL 33907		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.

SIGNATURE *Carolyn D. Wilmot* CAROLYN D. WILMOT
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 order on back) ☐	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT CAROLYN D. WILMOT 10060 AMBERWOOD RD. STE 2 FT. MYERS, FL. 33913 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE-PRESIDENT DONALD G. FARRIS, SR 10060 AMBERWOOD RD. STE 2 FORT MYERS, FL. 33913 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 amendment with an address, with all other like information.

SIGNATURE *Carolyn D. Wilmot* CAROLYN D. WILMOT 4/30/02 (941) 481-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #