

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90146 025 ***150.00

DOCUMENT # P99000092853

1. Entity Name
SOUTHERN PRIDE GROWERS, INC.



Principal Place of Business
**12176 PAYNE RD
SEBRING FL 33872**

Mailing Address
**12176 PAYNE RD
SEBRING FL 33872**



2. Principal Place of Business

3. Mailing Address

228 SW 14 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Pompano Bch FL

4. FEI Number **59-3708326**

Applied For
☐ Not Applicable

Zip

Country

33060

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

**NIELANDER, WILLIAM J
116 E INTERLAKE BLVD
SUITE 101
LAKE PLACID FL 33852**

Name **David Watson**
Street Address **228 SW 14 St**
City **Pompano Bch FL** Zip **33060**

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 **David Watson** DATE **2/12/2003**

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 **WATSON, DAVID R**
STREET ADDRESS **12176 PAYNE RD**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **D/PIT** ☐ Change ☐ Addition
NAME
STREET ADDRESS **228 SW 14 St**
CITY-ST-ZIP **Pompano Bch FL 33060**

TITLE **D** ☒ Delete
NAME **MCDANIEL, BOBBY WAYNE JR**
STREET ADDRESS **12176 PAYNE RD**
CITY-ST-ZIP **SEBRING FL 33872**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

2/12/2003

Date

Daytime Phone #

CR2E034 (10/02)