

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

FILED

02 JAN 31 AM 9:48

DOCUMENT # 500912

1. Entity Name

KNH Harvesting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

609 E. Main St.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 755

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Wauchula, FL

City & State

Wauchula, FL

4. FEI Number

65-0217102

Applied For

Not Applicable

Zip

33873

Country

USA

Zip

33873

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronald Bridgen

Street Address (P.O. Box Number is Not Acceptable)

609 E. Main St.

PO Box 755

City

Wauchula, FL

FL

Zip Code

33873

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when resigning.)

DATE

1-15-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Director, Pres, VP, Sec/Tres Ronald Bridgen 609 E. Main St. Wauchula, FL 33873	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000004911890--4 -02/12/02--01059--011 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-02

Daytime Phone #

CR2E034B (12/01)