

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91454 010 ***158.75

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DOCUMENT # S66911

1. Entity Name
FAMILY HARVEST, INC.



Principal Place of Business
**PO BOX 69
CANDLER FL 32111
US**

Mailing Address
**PO BOX 3638
BELLEVUE FL 34421**



2. Principal Place of Business

11783 SE HWY 441
Suite, Apt. #, etc.

3. Mailing Address

PO Box 38
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BELLEVIEW FL

City & State

BELLEVIEW FL

4. FEI Number

59-3081322

Applied For

☐ Not Applicable

Zip

34420

Country

USA

Zip

34421

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOFIA, PASQUALE JR
8900 SE 143RD LANE
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **SOFIA, PASQUALE, JR**
Street Address (P.O. Box Number is Not Acceptable)
11191 SE 55TH AVE RD
APT 804
City **BELLEVIEW** FL Zip Code **34420**

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03
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 **P** ☒ Delete
NAME **CHIARENZELLI, PHILLIP C.**
STREET ADDRESS **10700 SE 110TH ST RD**
CITY-ST-ZIP **CANDLER FL 32111**

TITLE **S/T** ☒ Delete
NAME **CHIARENZELLI, PEGGY R**
STREET ADDRESS **10700 SE 110TH ST RD**
CITY-ST-ZIP **CANDLER FL 32111**

TITLE **PRES** ☒ Delete
NAME **SOFIA, PASQUALE JR**
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 **PRES** ☒ Change ☐ Addition
NAME **SOFIA, PASQUALE JR**
STREET ADDRESS **11191 SE 55TH AVE APT 804**
CITY-ST-ZIP **BELLEVIEW FL 34420**

TITLE **SEC/TRES** ☒ Change ☐ Addition
NAME **SOFIA, SABRINA**
STREET ADDRESS **11191 SE 55TH AVE APT 804**
CITY-ST-ZIP **BELLEVIEW FL 34420**

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

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

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

352-347-7730
Daytime Phone #

CR2E034 (10/02)