

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90110 011 ***150.00

DOCUMENT # S79792

1. Entity Name
BARFIELD FARMS, INC.

Principal Place of Business

**3065 HWY 29 NORTH
 IMMOKALEE FL 34142
 US**

Mailing Address

**P.O. BOX 3265
 IMMOKALEE FL 34143**

2. Principal Place of Business

3. Mailing Address

3065 State Rd 29N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee, FL

4. FEI Number

65-0285215

Applied For

Not Applicable

Zip

Country

Zip

Country

34142

USA

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

**BARFIELD, JAMES E
 CROSS RD
 IMMOKALEE FL 34142**

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

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARFIELD, JAMES FRED**
 CITY-ST-ZIP **HIGHWAY 29 NORTH
 IMMOKALEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3065 State Rd 29N.**
 CITY-ST-ZIP **Immokalee, FL 34142**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BARFIELD, JAMES E.**
 CITY-ST-ZIP **CROSS ROAD
 IMMOKALEE FL**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BARFIELD, THOMAS W.**
 CITY-ST-ZIP **560 FOX CREEK DR
 LEHIGH FL**

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **BARFIELD, MARY ALICE**
 CITY-ST-ZIP **HIGHWAY 29 NORTH
 IMMOKALEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **3065 State Rd. 29N.**
 CITY-ST-ZIP **Immokalee, FL 34142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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)(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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (941) 6573613
 Day Daytime Phone #

CR2E034 (9/01)