

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01490

1. Entity Name

P.J. KENNEDY FARMS, INC.

Principal Place of Business

511 S OLIVE AVE
WPB FL 33401

Mailing Address

511 S OLIVE AVE
WPB FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0303327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNSTON, PAMELA T ESQ
220 SUNRISE AVE.,S TE 207
PALM BCH FL 33480

7. Name and Address of New Registered Agent

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. ☐
(See criteria 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEERSON, ALLEN	
STREET ADDRESS	153 BEACH SUMMIT CT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEERSON, ARYSTINE	
STREET ADDRESS	218 CASCADE LN	
CITY-ST-ZIP	PALM BCH SHORES FL 33404	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILSON, LINDA	
STREET ADDRESS	200 N.E 4TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Pearson

Date

1/10/01

Daytime Phone #

(561) 832-1921

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90082 033 ***150.00

C0021868



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)