

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37078

1. Entity Name

SEXTON-FARMS TRUCKING, INC

FILED

02 JUL -3 PM 12:22

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000006344770--0
-07/12/02--01017--009
****300.00 ****300.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SEXTON FARMS TRUCKING Suite, Apt. #, etc. 1539 Hester CHURCH RD City & State BAKER, FL Zip 32531 Country		3. Mailing Address SEXTON FARMS TRUCKING Suite, Apt. #, etc. 1539 HESTER CHURCH RD City & State BAKER, FL Zip 32531 Country	
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4. FBI Number 59-3128146	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name
SEXTON, KENNETH W
Street Address (P.O. Box Number is Not Acceptable)
1539 HESTER CHURCH ROAD
BAKER, FL 32531
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 registering)

DATE

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	PST SEXTON, KENNETH W 1539 HESTER CHURCH ROAD BAKER, FL 32531	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEXTON, WARREN 1539 HESTER CHURCH ROAD BAKER, FL 32531	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN SEXTON 1539 HESTER CHURCH ROAD BAKER, FL 32531	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth W. Sexton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

980-932-0786