

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90043 043 ***150.00

DOCUMENT # V43650

1. Entity Name
PINE GROVE DAIRY, INC.

Principal Place of Business
10899 GARDEN ST
JACKSONVILLE FL 32219
US

Mailing Address
POB 60577
JACKSONVILLE FL 32236
US



2. Principal Place of Business

3. Mailing Address

10881 GARDEN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JACKSONVILLE FL.

4. FEI Number **59-3127832**

Applied For
 Not Applicable

Zip

Country

Zip

Country

32219

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

WILLIAMS, ERIC W
10899 GARDEN STREET
JACKSONVILLE FL 32219

Name

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

10881 GARDEN ST.

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, 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 **D** ☐ Delete
 NAME **WILLIAMS, ERIC W.**
 STREET ADDRESS **10899 GARDEN ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **ERIC W. WILLIAMS**
 STREET ADDRESS **10881 GARDEN ST.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32219**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)