

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V48655**

1. Entity Name  
**C + L FARM SUPPLY, INC.**

Principal Place of Business Mailing Address  
**RT 3 BOX 538 RT 3 BOX 538**  
**JAY FL 32565 JAY FL 32565**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-3141728** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**JOHN M CREEL JR.**  
**RT 3 BOX 538**  
**JAY FL 32565**

## 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 *John M Creel Jr* (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN M CREEL JR</b> <b>RT 3 BOX 538</b> <b>JAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES LEE</b> <b>5751 MELROSE DR</b> <b>MILTON FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John M Creel Jr* **John M Creel Jr** 1-4-2002 950-693-0442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90003 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

IV 4866950

CR2034 (9/01)