

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54340

1. Entity Name

STOKES/FLORA-SOL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 046 ***150.00

Principal Place of Business

Mailing Address

137 FIFTH ST. NW
WINTER HAVEN FL 33881
US

137 FIFTH ST NW
WINTER HAVEN FL 33881-4673
US

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 **59-3139505**

Applied For

Not Applicable

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

CARTER, DAVID C
137 FIFTH ST NW
WINTER HAVEN FL 33881

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, 2000 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	<input type="checkbox"/> Delete
NAME	ALBRITTON, NICHOLAS	
STREET ADDRESS	ALBRITTON RD	
CITY-ST-ZIP	ALTURAS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, DAVID	
STREET ADDRESS	130 S 7TH ST	
CITY-ST-ZIP	LAKE HAMILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRITTON, DALE	
STREET ADDRESS	ALBRITTON RD	
CITY-ST-ZIP	ALTURAS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKES, GLEN	
STREET ADDRESS	13000 HATCHINEHA RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKER, MARSHALL	
STREET ADDRESS	1800 HIGHWAY 441, SE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

2/29/00

863-294-6965

CR2E034 (9/99)