2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am **DOCUMENT # 240722 Secretary of State** SHADY GROVE DAIRY FARM INC 02-05-2001 90012 006 ***158.75 Principal Place of Business Mailing Address STRATON RD. AT END 5005 STRATON ROAD 3/4 MILES FROM A-1-A CALLAHAN FL 32011 913645 CALLAHAN FL 32011), **18**11, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 1811, 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0893287 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERSON, ANTHONY C. Street Address (P.O. Box Number is Not Acceptable) 5005 STRATON ROAD CALLAHAN FL 32011 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Change ☐ Addition Delete TITLE PETERSON, ANTHONY C. NAME NAME **5005 STRATON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 Delete TITLE ☐ Change Addition TITLE PETERSON, FLOYD NAME NAME 5005 STRATON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALLAHAN FL 32011 TITLE ☐ Delete ☐ Change ☐ Addition FITZPATRICK, MARY ---NAME ---NAME 1210 HOPEWELL CREST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALPHARETTA GA 30201 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pther like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

1.14 OPtobs

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

☐ Delete

. Felesson

904 679 43 04

☐ Change

■ Addition