**FILED** 

Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90107 001 \*\*\*\*\*8.75

02-19-2003 90107 002 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 240722

1. Entity Name

SHADY GROVE DAIRY FARM INC



Principal Pla STRATON RI 3/4 MILES F		Mailing Address 5005 STRATON ROAD CALLAHAN FL 32011			55008679			
CALLAHAN F	FL 32011				1160	Ha isada bishla bish karna diada kind bishla	Debre beber beber 1	<b>1</b> 1 <b>0</b> 11 <b>1</b> 10 11 11 11 1
US 2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Num	ber <b>59-0893287</b>		pplied For
Zip Country		Zip			5. Certificat	te of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Curren	it Registered Agent			7. Name an	nd Address of New Registered		
DETERO	NI ANTHONY O			Name				
	on, anthony c. Raton road	Street Address		Street Address (	(P.O. Box Number is Not Acceptable)			
CALLAHA	N FL 32011							
		•	,	City		FI	Zip Coc	ie
8. The above	e named entity submits this statement f ttions of registered agent.	for the purpose of chan	ging its registere	d office or register	ed agent, or b			and accept
CICNATURE		•						
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE		
F	TLE NOW!!! FEE IS \$150.00					··		
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					lection Campaign Financing rust Fund Contribution.		May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11
NAME	PETERSON, ANTHONY C.	☐ Cele	te Title Name		- <u> </u>		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	5005 STRATON ROAD   CALLAHAN FL 32011		STREE CITY-S	T ADDRESS ST-ZIP				
TITLE NAME	VP	☐ Dele					Change	Addition
STREET ADDRESS	PETERSON, FLOYD 5005 STRATON ROAD		NAME STREET	T ADDRESS				<b>1</b>
CITY-ST-ZIP	CALLAHAN FL 32011		CITY-S					
TITLE	ST	☐ Delei	e TITLE		<del>-</del> - <u> </u>		Change	☐ Addition
NAME - STREET ADDRESS	FITZPATRICK, MARY	Carried Control of the Control		T AODRESS	-	are a series		
CITY-ST-ZIP	1210 HOPEWELL CREST ALPHARETTA GA 30201		CITY-S					
TITLE	ASTRACTIA COLOT	☐ Delet	e TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP				ADDRESS				1
TITLE		□ Delet	CITY-S	οι-Δ <b>ι</b> Γ	•		П 05	
NAME		∠ Deter	NAME				Change	Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE Name		☐ Deleti	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	ı		מ עדוי					

12. 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 10 or Block 11 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 OF DIRECTOR

Feb 16-03 904-879-4304