

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 037 ***158.75

DOCUMENT # 467260	
1. Entity Name HUDSPETH FARMS, INC.	
Principal Place of Business 1014 NE 2ND ST BELLE GLADE FL 33430 US	Mailing Address 1014 NE 2ND STREET BELLE GLADE FL 30269-1253 US
2. Principal Place of Business SR 827	3. Mailing Address 804 Langdon Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Belle Glade, FL	City & State Peachtree City, GA
Zip 33430	Zip 30269
Country U.S.A.	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1594776		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CARTER, JO ELLEN 1014 N.E. 2ND ST. BELLE GLADE FL 33430		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 401 S. W.C. Owen Avenue City Clewiston FL Zip Code 33440

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 Jo Ellen Carter (NOTE: Registered Agent signature required when reinstating) DATE Jan 6, 2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, THOMAS GORDON 1014 N.E. 2ND ST. BELLE GLADE, FL 0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 Langdon Lane Peachtree City, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, JO ELLEN 1014 NE 2ND ST BELLE GLADE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 804 Langdon Lane Peachtree City, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSPETH, RONALD W. 1014 N.E. 2ND STREET BELLE GLADE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 804 Langdon Lane Peachtree City, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Jo Ellen Carter **RECORDED** Date 01/06/00 Daytime Phone # 678-364-1815