

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 559521

FILED  
Feb 28, 2003  
Secretary of State

Entity Name: FOXX FARMS, INC.

**Current Principal Place of Business:**

16112 NW COUNTY RD 231  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

16112 NW COUNTY RD 231  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 59-1882550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W.  
16714 NE 10 ST  
GAINESVILLE, FL 32609

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: LONG, ELMER O,  
Address: 16112 NW COUNTY RD 231  
City-St-Zip: GAINESVILLE, FL 326094054

Title: PVD ( ) Delete  
Name: HART, JAMES W,  
Address: 16714 NE 10 ST.  
City-St-Zip: GAINESVILLE, FL 326094054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Change (X) Addition  
Name: LONG, ROBERT P  
Address: 1083 N. COLLIER BLVD. #103  
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. LONG

STD

02/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date