2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2002 8:00 am Secretary of State **DOCUMENT #** H92545 1. Entity Name UNCLE DONALD'S FARM, INC. 05-03-2002 90167 024 ***150.00 Principal Place of Business Mailing Address 2713 GRIFFIN AVENUE P.O. BOX 87 LADY LAKE FL 32159 LADY LAKE FL 32158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2617863 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 Name MORRIS, JEANETTE E. Street Address (P.O. Box Number is Not Acceptable) **2713 GRIFFIN AVENUE** LADY LAKE FL 32159 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. П Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORRIS, DONNA NAME STREET ADDRESS 2713 GRIFFIN AVE STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32159 CITY-ST-ZIP DS ☐ Defete TITLE ☐ Addition ☐ Change NAME MORRIS, JEANETTE E NAME STREET ADDRESS P.O. BOX 87, GRIFFIN AVE. STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32158 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ·NAME MORRIS, ELIZABETH-STREET ADDRESS 2713 GRIFFIN AVENUE STREET ADDRESS CITY-ST-ZIP LADY LAKE FL 32158 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MORRIS, WANDA NAME STREET ADDRESS 2713 GRIFFIN AVE STREET ADDRESS CITY-ST-7IP LADY LAKE FL 32159 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

R PRINTED NAME OF SIGNI