2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
07-19-2001 90233 035 ***150.00

010878 AT

DOCUMENT # P00000011346

1. Entity Name
TIPPETTE FARMS, INC.

Principal Place of Business	Mailing Address
ROUTE 2 BOX 1010 MADISON FL 32340	ROUTE 2 BOX 1010 MADISON FL 32340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 118	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MADISON, FL	
Zip	Country	Zip 32341	Country MADISON

4. FEI Number 59-3629022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TIPPETTE, JOHN L SR. ROUTE 2 BOX 1010 MADISON FL 32340	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPPETTE, JOHN L SR. POST OFFICE BOX 118 MADISON FL 32341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPPETTE, LINDA G POST OFFICE BOX 118 MADISON FL 32341	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/01)

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: John L Tippette Sr. JOHN L TIPPETTE SR D 7/16/01 850 971-5495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment A00178365

Doc# P00000011346

TO: UBR.

FROM: JOHN L. TIPPETTE SR
TIPPETTE FARMS INC.

I CALLED YOUR PHONE # AND TALKED TO DANNY: (850-488-9000)
THIS IS THE FIRST FORM THAT I HAVE RECIEVED FOR RENEWAL OF OUR TYPE "S" CORP. THIS FORM CAME THE FIRST WEEK IN July 2001.
TIPPETTE FARMS INC HAS ONLY BEEN INC. FOR A LITTLE OVER 1 YEAR.
DANNY SAID THAT DUE TO THIS AND THE FACT I HAD JUST RECIEVED THE FORM I SHOULD SEND $150.00.
THIS CHECK IS ENCLOSED.
PLEASE LET ME KNOW IF THIS IS OK.

THANK YOU
John L Tippette