

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **0930000884 late**
 1. Entity Name **Select HAYS Feed, Inc.**
411 Walnut Street
Jacksonville, FL 32204

FILED
 00 DEC 29 PM 2:34
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business **411 W. Walnut Street**
 Mailing Address **Mitchell B Smith**
P.O. Box 947
Hovana, FL 32333

2. Principal Place of Business **None**
 3. Mailing Address **None**
 Suite, Apt. #, etc.
 City & State
 Zip Country **Leon Gadsden**

4. FEI Number **593230465**
 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Mitchell B Smith
3535 A 7th Geoyard
Tallahassee, FL 32303

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 \$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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE President NAME Mitchell B Smith STREET ADDRESS P.O. Box 947, Hovana FL 32333 CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003533900--1 -01/11/01--01108--021 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mitchell B Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E034 (9/99)

SP



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 28, 2000

SELECT HAYS & FEED, INC.
P O BOX 947
HAVANA, FL 32333

SUBJECT: SELECT HAYS & FEED, INC.
Ref. Number: P93000088466

Pursuant to our telephone conversation of July 28, 2000, I am enclosing a blank 2000 uniform business report.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Michelle Milligan
Document Specialist

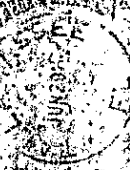
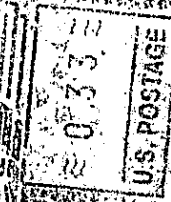
Letter Number: 1 0A00041215

0
7/30/00

In reference to your conversation, attached please find copies of your previously filed annual report, as well as a copy of the envelope with the date send. If you require any further information, please do not hesitate to give me a call at ~~538-0766~~

538-10543

MB Smith
3535A Fred George Rd
Tallahassee, FL 32303



Uniform Business Report
Division of Corporations

PO Box 1500
Tallahassee, FL 32302-1500

2000 Uniform Report

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA3000078466**
 Entity Name **SELECT HAYS & feed, inc.**

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 170 of refuel
 MBS*

Principal Place of Business: **411 Walnut Street Pensacola Street Tallahassee, FL 32306**
 Mailing Address: **Mitchell B. Smith P.O. Box 947 Havana, FL 32333**

Principal Place of Business: **Same**
 Mailing Address: **Same**

Suite, Apt. #, etc.:

City & State:

Zip: **Leon** Country: **Gadasm**

6. Name and Address of Current Registered Agent:
**Mitchell B. Smith
 3535 A Fred George Rd
 Tallahassee, FL 32303**

4. FEI Number: **59321465**
 5. Certificate of Public Use:
 \$8.75 Additional Fee Required
 7. Name and Address of Law Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is acceptable): _____
 City: _____
 State: **F** Zip Code: _____

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$330.00
Make Check Payable to Department of State

10. Election of Financing:
 \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES	
<input type="checkbox"/> Delete	President Mitchell B. Smith P.O. Box 947 Havana, FL 32333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); I further certify that the information made under oath; that the name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mitchell B. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129700 803389746
 Date: _____
 Jurisdiction: _____