2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000075805 Feb 20, 2000 8:00 am Secretary of State BARN FLY FARM, INC. 02-20-2000 90005 012 ***150.00 I. Principal Place of Business Mailing Address 17435 WISCON RD 17435 WISCON RD **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601-9050 110000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-3340892 ryncellor HoeiDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **U.S** Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JACKS, TAMY 17435 WISCON RD **BROOKSVILLE FL 34601** 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 egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE JACKS, THEODORY C. JACKS, THEODORE C NAME NAME 17435 WISCON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dunnellon FI. 34431 CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Addition ☐ Defete TITLE JACKS, TAMY NAME NAME STREET ADDRESS 17435 WISCON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** DUNNELLON ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

13. Thereby 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

TITLE NAME

☐ Delete

SIGNATURE AND TYPED OR PRINTED NA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition