

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

193

02 MAY -2 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000015425  
1. Entity Name  
**LENA-J FARMS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**222 Noble Circle West**  
Suite, Apt. #, etc.

3. Mailing Address  
**222 Noble Circle West**  
Suite, Apt. #, etc.

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, Florida**

Zip  
**32211**

Country  
**USA**

**2002 UBR**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3362934**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**William J. Scott**

Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Blvd.**

**Suite 1609**

City  
**Jacksonville** **FL** Zip Code  
**32207**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when filing)

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	D Spence, Jeffrey C. 222 Noble Circle West Jacksonville, Florida 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Spence, Darlene S. 222 Noble Circle West Jacksonville, Florida 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

400005430604-4

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey C Spence **JEFFREY C SPENCE** **4/30/02** **904.786.8038**  
Date: \_\_\_\_\_ District Phone #: \_\_\_\_\_

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ACCOUNT FILING COVER SHEET  
WALK IN

ACCOUNT #: FCA000000014

CORPDIRECT AGENTS  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301  
850-222-1173

CONTACT: Pam

DATE: 5-2-02

REF #: 0314.6420

CORP. NAME: Lona J Farms Inc

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
02 MAY -2 AM 10:09

RECEIVED

PLEASE FILE THE ATTACHED ANNUAL REPORT AND ISSUE A:

( ) CERTIFIED COPY (X) PLAIN COPY ( ) GOOD STANDING

PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$ 150.00

AUTHORIZATION: Office