FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000015425

02 MAY -2 PM 12: 48

LENA-J FARMS, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DO NOT WRIT	E IN THIS	SPACE.	A.	JEST LOMBA		
2. Principal	Place of Business	3. Mailing Address	· AND WELL AND SELECTION OF THE SELECTIO				
222 Noble Circle West			Circle West				
Suite. Apt. #, etc.		Suite, Apt. #, etc.	: CIICIE West	2000 OT RITE	IN TOSABR		
Jacksoi	nville, Florida	Jacksonvi	lle, Florida	4. FEI Number 59~3362934	Applied For		
Zip	Country	Zip	Country		Not Applicable		
32211	USA	32211	USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
100	Maria de la companya	THE PARTY OF THE P	4	7. Name and Address of Current Re			
		BITE	Name Wil	liam J. Scott			
	- DO NOT V	/KILE	Street Address	1 Riverplace Blvd.			
	IN THIS S	DACE	130	1 Riverplace Blvd.			
			Sui	te 1609			
			City	111	FL Zip Code		
8. The above	P Damed entity submits this statement	or the ourses of changin	Jac	ksonville ered agent, or both, in the State of Florid			
	and date submits and statement	or the purpose of changin	ig its registered drice or registi	ared agent, or both, in the State of Florid	a.		
SIGNATURE							
	Signature typed or printed name of registered agen	-vidit te if applicable-	INCHE Respondent Ageor Septembriegun	of when (enstating)	DATE		
Tax filling r	oration is eligible to satisfy its Intangibl requirement and elects to do so. ia on back)	After M	May 1 Fee is \$150.00 May 1 Fee is \$550.00 ided UBR is \$61.25	10. Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees		
11.	OFFICERS AND		yable to Department of St	A MATERIAL POLICE AND ADDRESS OF THE			
TITLE	D	<u> </u>	TITLE				
NAME	Spence, Jeffrey C.		NAME A STATE OF				
STREET ADDRESS	222 Noble Circle W		g STREET ADDRESS		Sabueda		
CITY - ST - ZIP	Jacksonville, Flor	ida 32211	CITY-ST-ZIP				
TITLE	D		CIME WAS A SERVE				
NAME STREET ADDRESS	Spence, Darlene S.		NAME:				
CHY-SI-ZIP	222 Noble Circle W	oct	STREET ADDRESS 7	THE THE THE TANK OF THE TANK O			
DILE	Jacksonville, Flor		Section 19 March 12 Light Section 20				
NAME	,	200 32311	NAME	Commission Commission of the			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			Tairy st zin	- DO NOT W	RIFE		
LITLE			Finde Torres	IN THIS SE			
NAME			NAME TO SELECT		AUEL		
STREET ADDRESS			STREET ADDRESS				
CHY-SI-ZIP			多。2007年2月2日 1970年	《大学》,"我们一个是一个人的,我们			
TITLE NAME			ATTITLE FEET OF THE STATE OF				
STREET ADDRESS			NAME (
CITY-ST-ZIP			STREET ADDRESS TO STREET ADDRE				
TITLE			true:				
NAME			NAME .		A GOS PATES PERSON AND A		
STREET ADORESS			STREET ADDRESS	Total Control of the			
CITY-SI-ZIP	Tify that the information supplied with t		CHY ST ZIP	ar a cashing the Cashing			
ъ. прегеру сег	ory and the information supplied with t	nic idina door oo oo mille f	or the execution exeted in Con-	6a 210 07/0/0 EL 11 C			

indicated on this report or 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 on an attachment with an address, with all other like empowered.

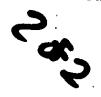
SIGNATURE:

D TYPED OR PRINTED NAME OF GIRENING OFFICER OR DIRECTOR

4/30/02

904.786.8038

Daytime Phone #



ACCOUNT FILING COVER SHEET WALK IN

ACCOUNT #:	FCA00000014	
CORPDIRECT AC 103 N. MERIDIAN TALLAHASSEE, 1 850-222-1173	N STREET	e d
CONTACT:	- Yam	,
DATE:	5-2-02	J.J.E.
REF#:	0314.6420	MAX SON O
CORP. NAME:	Lona J Farms In	FIGURE -2
		FIGRA
		——————————————————————————————————————
PLEASE FILE TH	IE ATTACHED <u>ANNUAL REPORT</u> AN COPY (X) PLAIN COPY () GOOI	
		~ 100
PLEASE DEBIT O	OUR ACCOUNT IN THE AMOUNT OF	<u>s 150</u>
AUTHORIZATION	: Aich	*