

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000105289

1. Entity Name
 40 ACRES AND A MULE, INC.

Principal Place of Business 13331 WILD COTTON COURT FORT MYERS FL 33903	Mailing Address 13331 WILD COTTON COURT FORT MYERS FL 33903
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2. Principal Place of Business 5244 BIRDSONG LANE Suite, Apt. #, etc.	3. Mailing Address 5244 BIRDSONG LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOKEELIA FL	City & State BOKEELIA FL	4. FEI Number 65-0882042	Applied For <input type="checkbox"/>
Zip 33922	Country	Zip 33922	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HARTMAN JEFF
 13331 WILD COTTON COURT

 FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name
 HARTMAN JEFF
 Street Address (P.O. Box Number is Not Acceptable)
 5244 BIRDSONG LN

 City BOKEELIA FL Zip Code 33922

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 **09/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN JEFF <input checked="" type="checkbox"/> Delete 13331 WILD COTTON COURT FT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL NORMA H <input type="checkbox"/> Delete 13331 WILD COTTON COURT FT MYERS FL 33903
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMAN JEFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5244 BIRDSONG BOKEELIA FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JEFF HARTMAN D 09/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)