## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)								FILED Mar 19, 2002 8:00 am					
DOCUMENT # F79319  1. Entity Name							Secretary of State 03-19-2002 90034 030 ***150.00						
M.S.R. SI	UGARCA	NE FARM, INC.			J	/		03-19-2002 900	J34 U3U	150.00	U		
Principal Plac 340 ROYAL F SUITE #316 PALM BEACH US	POINCIANA W		Mailing Address 340 ROYAL POINCIANA WAY SUITE #316 PALM BEACH FL 33480 US										
2. Principal P One N Suite, Apt. Suite	orth C	ness Lematis St.	3. Malling Address One North Clematis St. Suite, Apt. #, etc. Suite 200				DO NOT WRITE IN THIS SPACE						
		each, FL	Giras State 200 WEst Palm Beach, FL			<b>4.</b> F	El Num	59-2201755	i	<del></del>	oplied For		
Zip	<del></del>	Country	Zip	Country		5. (	Certificat	e of Status Desired		\$8.75 Add	titional		
<del>33401</del>	6. Name	and Address of Current F	legistered Agent				lame an	d Address of New Re	gistered				
CARSON, DONALD W. 340 ROYAL POINCIANA WAY,STE #316 PALM BEACH FL 33480					Name Same								
					Street Ad One	ddress (P.O. B North (	Num 1ema	per is Not Acceptable)					
					Sui	te 200							
					CiWest Palm Beach				FL	Zip Cod	<del>2</del> 01		
8. The above		y submits this statement for						oth, in the State of Flor					
		or printed name of registered agent ar	- <u></u>			ure required when re	einstating)		DATE				
<ul> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ul>			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	ı	lection Campaign Fina rust Fund Contribution	~ -		<b>0</b> May Be d to Fees		
11.		OFFICERS AND D		12.		DPST	DITIONS	CHANGES TO OFFI	CERS ANI				
TITLE NAME STREET ADORESS CITY-ST-ZIP	340 ROY	, donald w Al Poinciana Way,ste Ach Fl 33480	#316	TITLE NAME STREET	address ZIP	Carson One No	rson, Donald W.  e North Clematis St., Ste 200 st Palm Beach, FL 33401						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	address ^-zip				:	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET	address - Zip					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET					:	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET /					i '	☐ Change	Addition		
13. I hereby of indicated	certify that the	e information supplied with t t or supplemental report is t	his filing does not qualify for rue and accurate and that r	r the exemp	otion state	ed in Section 1 ave the same !	19.07(3 egal effe	(i), Florida Statutes. I f ct as if made under oa	urther cer th; that I	tify that the ir am an officer	nformation or director		

Donald W. CArson 3/4/02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR