

05-27-2002 90445 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000000-80484

1. Entity Name
WELCOME GATE FARM, INC. ✓

Principal Place of Business
 12551 NW 43rd Lane
 Ocala, FL 34482

2. Principal Place of Business
 12551 NW 43rd Lane

3. Mailing Address
 Same

City & State
Ocala FL

City & State
 Same

4. FEI Number
59-3669444

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

93484

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Dale Kalmar
 12551 NW 43rd Lane Ocala FL 34482

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when indicated)

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

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **C. Lynn Kalmar**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-1-02**

CRZE034 (9/99)