

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90055 013 \*\*\*\*50.00  
04-17-2003 90636 029 \*\*\*100.00

DOCUMENT # P02000000892

1. Entity Name

~~CHANGE OF PACE FARM, INC.~~

now WALL STREET FARM, INC.



Principal Place of Business  
86 LADOGA AVE  
TAMPA FL 33606

Mailing Address  
86 LADOGA AVE  
TAMPA FL 33606

2. Principal Place of Business  
13104 BALM BOYETTE RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
RIVERVIEW FL

City & State

4. FEI Number

80-0029543

Applied For  
Not Applicable

Zip  
33569

Country  
USA

Zip  
~~33569~~

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, LISA R  
86 LADOGA AVE  
TAMPA FL 33606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa R Weiss*

3-25-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~  
NAME ~~ROBERT D. WEISS~~  
STREET ADDRESS ~~86 LADOGA AVE.~~  
CITY-ST-ZIP ~~TAMPA, FL 33606~~

TITLE PD  
NAME WEISS, ROBERT D.  
STREET ADDRESS 86 LADOGA AVE.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE VST  
NAME ~~LISA R WEISS~~  
STREET ADDRESS ~~86 LADOGA AVE~~  
CITY-ST-ZIP ~~TAMPA FL 33606~~

TITLE VSTD  
NAME WEISS, LISA R.  
STREET ADDRESS 86 LADOGA AVE  
CITY-ST-ZIP TAMPA FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisa R Weiss*

3-25-03

813-251-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)