

DOCUMENT # 266835

Feb 21, 2000 8:00 a
Secretary of State

02-21-2000 90044 013 ***150.00

Name

AWAY FARMS, INC.

Place of Business

Mailing Address

ST
FL 346012611 BAYSHORE BLVD
#903
TAMPA FL 33629-7363
US

813038



DO NOT WRITE IN THIS SPACE

Place of Business

3. Mailing Address

Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

4. FEI Number 59-1033030

Applied For

Not Applicable

Country

Zip

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

A, SALOMON
BAYSHORE BLVD., #903
TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Herta Pila, Vice Pres.

2/14/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its intangible
equipment and elects to do so.
criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD
PILA, SALOMON
2611 BAYSHORE BLVD, #903
TAMPA FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPV
PILA, HERTA
2611 BAYSHORE BLVD. #903
TAMPA FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPT
REIBER, SAM I
907 S. STERLING
TAMPA FL ☐ DeleteTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPS
PILA, KALMAN W
4234 WINDING VILLAGE WILLOW DR
TAMPA FL ☐ DeleteTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
4234 WINDING WILLOW DR.☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPI certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information
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
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
on an attachment with an address, with all other like empowered.

:URE:

Herta Pila, Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERTA PILA

2/14/00

Date

813-251-2087

Daytime Phone #

CR2E034 (9/99)