## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 517095  1. Entity Name  D & M FARM, INC.		~ .>			Apr 13, 2001 8:00 am Secretary of State 04-13-2001 90061 031 ***150.00			
Principal Place of Business Mailing Address			<del>-</del>					
5094 67TH PLACE SOUTH LAKE WORTH FL 33463-7402		5094 67TH PLACE SOUTH LAKE WORTH FL 33463-7402			AUU	1797	0	
								<b>415</b>    1 <b>65</b>
2. Principal Place of Business  OHM Farm, Inc.  Suite, Apt. #, etc.		3. Mailing Address  D+M Fa+m, Inc.  Suite. Apt. #, etc.				WRITE IN THIS SPAC	5e 	<b>               </b>
529 N. Country Club Dr.		529 N. Country Club Dr						
City & State Atlantis, Florida Zip Country		City & State Atlantis, Florida		4. FEI Number 59-1699	749		plied For t Applicable	
Zip 3346	2 U.S. A	Zip 33462	Country W.S.A	1	5. Certificate of Status Desire	Fee	<b>75</b> Add Required	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name Shepherd, Marshall M. Jr.								
STEPREND, MANSHALL M. JR. Street Address (P.					O Boy Number is Not Accept	lable)		
5094 67TH PLACE SOUTH 529 /Va					rth Country	Club Ur	·IVe	
DAL NORTH 12 00700			City	1an	<del></del>		Zip Code	<del></del>
8. The above named entity submits this statement for the purpose of changing its registered office or registered					antis		Zip Code 334	62
			egistered office d	r registere	-			
SIGNATURE.	Marshall M. Signature, typed or printed name of registered agent an	Shapkard no title if applicable. (NOE)	Registered Agent signa	lure required v		# /10/01		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaigr Trust Fund Contrib			May Be to Fees
11.	OFFICERS AND D		12.	100	ADDITIONS/CHANGES TO			
NAME STREET ADDRESS	PSDT SHEPHERD, MARSHALL M. JR 5094 67TH PLACE SOUTH	☐ Delete	TITLE NAME STREET ADDRESS	She 52	pherd, Marsi North Coun lantis, Flor	hall M. Fi try Clul	Change	□ Addition
CITY-ST-ZIP	LAKE WORTH FL	☐ Delete	CITY-ST-ZIP	AT	lantis, Fibi			Addition
NAME		LJ Dejete	NAME	İ		D	onango	
STREET ADDRESS   CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1				
TITLE NAME	المراجعة الم	Delete	TITLE NAME STREET ADDRESS			Ū	Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					ļ
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME	,	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
STREET ADDRESS			NAME STREET ADDRESS					
13. I hereby o	ertify that the information supplied with the	his filing does not qualify for t	CITY-ST-ZIP	ted in Sen	tion 119.07(3)(i). Florida Statut	es. I further certify th	at the in	formation
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.  Marshall M. Shepherd J.								
SIGNATURE: Marshall M. Shashard fe. 4/10/01 (561) 965-6475  SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Dayling Phone #								
	SIGNATURE AND TYPED OR PRI	IN 150 NAME OF SIGNING OFFICER O	H DIRECTOR		Date	Daytime	Phone #	1