

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90291 027 ****66.25

DOCUMENT # 743656

1. Entity Name
ABBA FARMS, INC.



Principal Place of Business

**32901 LEONARD RD.
PO BOX 477
SAN ANTONIO FL 33576
US**

Mailing Address

**LEONARD LANE
PO BOX 477
SAN ANTONIO FL 33576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1836934**

Applied For

Not Applicable

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

**PERRONE, RONALD S
32901 LEONARD RD.
P. O. BOX 477
SAN ANTONIO FL 33576**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRONE, VINCENT	
STREET ADDRESS	32901 LEONARD, P.O. BOX 477	
CITY-ST-ZIP	SAN ANTONIO FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANIM, JOSEPH	
STREET ADDRESS	315 JOSEPH STREET	
CITY-ST-ZIP	S CHARLESTON, W VA 00000 25303	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERRONE, RONALD S	
STREET ADDRESS	32901 LEONARD LANE P.O. BOX 477	
CITY-ST-ZIP	SAN ANTONIO, FL 00000 33576	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERRONE, SYLVIA	
STREET ADDRESS	32901 LEONARD LANE, P.O. BOX 477	
CITY-ST-ZIP	SAN ANTONIO, FL 00000 33576	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 Sec Treasurer

CR2E037 (10/02)