

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F88899

1. Entity Name

ULTIMATE FARM OF DELRAY, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90276 003 ***150.00

Principal Place of Business C/O PENNY COHEN 1031 MELALEUCA DRIVE DELRAY BEACH FL 33483-6647	Mailing Address C/O PENNY COHEN 1031 MELALEUCA DRIVE DELRAY BEACH FL 33483-6647
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2. Principal Place of Business 14093 Sims Road	3. Mailing Address 14093 Sims Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33484	Country
Zip 33484	Country

4. FEI Number 59-2209599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, MARY JANE 1031 MELALEUCA DRIVE DELRAY BEACH FL 33483
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7. Name and Address of New Registered Agent Name Penny Cohen Street Address (P.O. Box Number is Not Acceptable) 14093 Sims Road City Delray Beach FL Zip Code 33484
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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 PENNY COHEN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	2/20/01 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, MARY J 1031 MELALEUCA DRIVE DELRAY BEACH FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD COHEN, PENNY 1031 MELALEUCA DRIVE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Cohen, Penny 14093 Sims Road Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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: PENNY COHEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/20/01 Date Daytime Phone #

CR2E034 (10/00)