2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F93000005757

1. Entity Name

MACK FARMS, INC.

Principal Place of Busine
233 EAST PARK AVENUE
LAKE WALES EL 33853

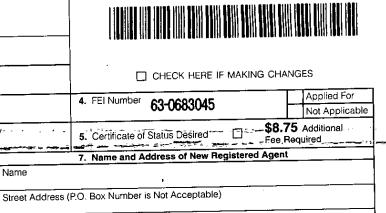
Mailin	g Addres:	s
P. O.	BOX 1077	•
LAKE	WALES F	L 33859

Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business	3. Mailing Address		
City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	City & State		

6. Name and Address of Current Registered Agent



02-14-2003 90237 020 ***150.00



MACK, ARNOLD H 2660 CLUB HOUSE DR LAKE WALES FL 33853

	City	FL	Zip Code
of changing its registers	ed office or registered agent, or both, in the State of Flo	lorida. I am fan	niliar with, and accept

8. The above named entity submits this statement for the purpose the obligations of registered agent.

Name

SIGNATURE

FILE NOW!!! FEE IS \$150.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be Added to Fees

Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2F034 (10/02) ☐ Change Addition TITLE ☐ Delete TITLE NAME MACK, ARNOLD H NAME 2660 CLUB HOUSE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME MACK, HUEY A NAME STREET ADDRESS PO BOX 656 STREET ADDRESS CITY-ST-ZIP ROBERTSDALE AL 36567 CITY-ST-ZIE ☐ Addition Change TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 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 shall other life companies. ment with an address, with all other like empower changed, or on an atte

SIGNATURE:

Daytime Phone #