

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90148 010 ***550.00

DOCUMENT # F98000003581

1. Entity Name
ACRES WILD FARM, INC.

Principal Place of Business

~~43860 WELLINGTON TRACE~~
~~#12~~
~~WELLINGTON FL 33414~~

Mailing Address

P.O. BOX 1688
PLAINVILLE MA 02762

2. Principal Place of Business

13833 Wellington Trace
Suite, Apt. #, etc.
E-4

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Wellington-Florida

City & State

4. FEI Number

51-0356967

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POST
VALLIERE, JILLUANN
108 HAWKINS STREET
PLAINVILLE MA 02762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALLIERE

8/3/02

Date

Daytime Phone #

561-753-2748

CR2E034 (4/02)