

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000007068**

1. Entity Name

FI FARMS, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90022 019 ***150.00

0080234

Principal Place of Business

ATTN: JUDITH FREUND VAVRUS
25734 W EAMES ST
CHANNAHON IL 60410

Mailing Address

ATTN: JUDITH FREUND VAVRUS
25734 W EAMES ST
CHANNAHON IL 60410

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 **36-4258856**

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

KESNER, LARRY W
12000 SR 70 EAST
OKEECHOBEE FL 34973Name **JERRY E. ARON, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

250 S. Australian Avenue**9th Floor**City **West Palm Beach****FL**Zip Code **33401**

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **VAVRUS, JUDITH F**
CITY-ST-ZIP **25734 W. EAMES**
CHANNAHON IL 60410TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **VAVRUS, CHARLES**
CITY-ST-ZIP **25734 W. EAMES**
CHANNAHON IL 60410TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

FI FARMS, INC.

SIGNATURE:

By **Judith Freund Vavrus**
Judith Freund Vavrus, President

Date

Daytime Phone #

04/04/01**815 467-6780**

CR2E034 (10/00)