

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90336 046 ***150.00

DOCUMENT # G30423

1. Entity Name
HIS HONORSHIP FARM, INC.

Principal Place of Business

**170 N.W. 204TH ST
 MIAMI FL 33169**

Mailing Address

**170 N.W. 204TH ST
 MIAMI FL 33169**

2. Principal Place of Business

Ocala, FL.

3. Mailing Address

P.O. Box 877, Anthony 32617

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Anthony, FL.

City & State

Anthony, FL.

Zip

32617

Country

U.S.

Zip

32617

Country

U.S.

4. FEI Number

59-2273344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BAKERMAN, ROBERT
 170 N.W. 204TH ST
 MIAMI FL 33169**

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.

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, 2002 Fee will be \$550.00
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 **P & S** ☐ Delete
 NAME **BAKERMAN, ROBERT**
 STREET ADDRESS **170 N.W. 204TH ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **S** ☒ Delete
 NAME **BAKERMAN, BLOSSOM**
 STREET ADDRESS **170 N.W. 204TH ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT & SECRETARY** ☐ Change ☒ Addition
 NAME **AS SHOWN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ 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.

SIGNATURE:

Robert Bakerman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2002
 Date

305-612-0911
 Daytime Phone #

CR2E034 (9/01)