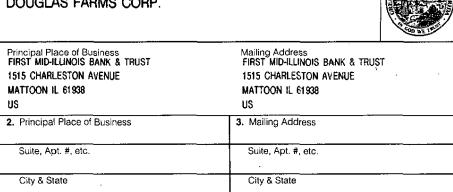
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

G63854

1. Entity Name DOUGLAS FARMS CORP.



## **FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90215 001 \*\*\*150.00



1515 CHARLES MATTOON IL U US		FIRST MID-ILLINOIS BANK 1515 CHARLESTON AVENU MATTOON IL 61938 US  3. Mailing Address	,		· •a.,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2344665	<del></del>	pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PHILLIPS, PHILIP B. 3728 PHILLIPS HWY #39			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
JACKSON	VILLE FL 32207		City		FL Zip Code	ə	
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							
After Make Check 10.  TITLE **  NAME STREET ADDRESS	LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of  OFFICERS AND  D  DONNERSMARCK, W.H.  BEETHOVENSTRASSEE 11		11. TITLE NAME STREET ADDRESS	9. Election Campaign Financi Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICER	☐ Added	May Be to Fees S IN 11	
CITY-55-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ZURICH, SWITZERLAND  D STAUDER, DR. CLAUS STAUDERSTRASSEE 88 WEST GERMANY	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PHILLIPS JR, PHILIP B 3728 PHILLIPS HWY #39 JACKSONVILLE, FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKS, ALEX J 255 NORTH LIBERTY STREET JACKSONVILLE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	☐ Change	Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🖳