

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G66677**

1. Entity Name

CROMARTIE FARMS, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90278 002 ***150.00

Principal Place of Business

P.O. BOX 2976
OCALA FL 34478

Mailing Address

P.O. BOX 2976
POB 2976
OCALA FL 34478
US

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 **59-2403127**

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****CROMARTIE, ROBERT A.**
12100 N.W. 193RD STREET
P.O. BOX 2976
MICANOPY FL 32667

Name

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

1222 S.E. 7th StreetCity **Ocala****FL**Zip Code
34471

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 **PT** ☐ Delete
NAME **CROMARTIE, ROBERT**
STREET ADDRESS **12100 N.W. 193RD STREET**
CITY-ST-ZIP **MICANOPY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1222 S.E. 7th Street**
CITY-ST-ZIP **P.O. Box 2976, Ocala, FL 34471**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01

Date

352-622-5678

Daytime Phone #

CR2E034 (10/00)