

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91375 044 ***150.00

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DOCUMENT # H67714

1. Entity Name

CHU FARM, INC.



Principal Place of Business

**4770 SAFFORD ROAD
WIMAUMA FL 33598
US**

Mailing Address

**P.O. BOX 467
PARRISH FL 34219
US**

2. Principal Place of Business

4770 Safford Rd.

3. Mailing Address

P.O. BOX 467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wimauma, FL

City & State

Parrish, FL

Zip

33598

Country

USA

Zip

34219

Country

USA

4. FEI Number

65-0210390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEISSNER, GREGORY C.

**~~701 11TH STREET WEST~~ = 1111 3rd Ave. W. #150
BRADENTON FL 34205**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **CHU, ANDREW D.**
STREET ADDRESS **4770 SAFFORD RD**
CITY-ST-ZIP **WIMAUMA FL 33598**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

813-634-3068

Daytime Phone #

CR2E034 (10/02)