

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90436 021 \*\*\*150.00

0428303 AV

**DOCUMENT # J12469**

1. Entity Name  
**ROGER HATTON FARMS, INC.**



Principal Place of Business  
**2727 BACON POINT RD.  
P.O. BOX 204  
PAHOKEE FL 33476-0204  
US**

Mailing Address  
**2727 BACON POINT RD  
P. O. BOX 204  
PAHOKEE FL 33476-0204  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2679295** 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

7. Name and Address of New Registered Agent

**NOWICKI, MARK J.  
1155 U S HWY ONE, STE 302  
JUNO BCH. FL 33408**

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 \_\_\_\_\_ (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 **PD**  Delete  
NAME **HATTON, ROGER C.**  
STREET ADDRESS **2727 BACOM POINT RD.**  
CITY-ST-ZIP **PAHOKEE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**  Delete  
NAME **CONLEY, ADA B**  
STREET ADDRESS **16502 SW MORGAN RD**  
CITY-ST-ZIP **INDIANTOWN FL 34956**

TITLE **ADA BUSH CONLEY - Secretary**  Change  Addition  
NAME **16502 S. W. MORGAN ST.**  
STREET ADDRESS **INDIANTOWN, FLORIDA 34956**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: SICADA Bush Conley **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ADA BUSH CONLEY** 4-17-03 561-924-5651  
Date Daytime Phone #

CR2E034 (10/02)