

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J65724

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: QUAIL ROOST FARM, INC.

Current Principal Place of Business:

5652 JACK BRACK RD.
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5652 JACK BRACK RD.
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2781343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, WIN
2303 NELA AVENUE
ORLANDO, FL 32809

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WORLEY, DEBRA B.,
Address: 5652 JACK BRACK ROAD
City-St-Zip: ST. CLOUD, FL

Title: P () Delete
Name: WORLEY, CLAYTON L.,
Address: 5652 JACK BRACK ROAD
City-St-Zip: ST. CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA B. WORLEY

DS

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date