

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90124 045 ***558.75

DOCUMENT # J91394

1. Entity Name
FARMCO, INC.

Principal Place of Business

**899 HIBISCUS STREET
 BUNNELL FL 32110
 US**

Mailing Address

**P O BOX 762
 FLAGLER BEACH FL 32136
 US**

2. Principal Place of Business

907 HIBISCUS AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BUNNELL FL

City & State

4. FEI Number

59-2877351

Applied For

Not Applicable

Zip

32110

Country

US

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHIUMENTO, MICHAEL D.
 4 OLD KINGS ROAD N.
 PALM COAST FL 32037**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **GARDNER, JOE**
 STREET ADDRESS **5106 JOHN ANDERSON HWY**
 CITY-ST-ZIP **FLAGLER BCH FL**

TITLE **D** ☒ Delete
 NAME **FREE, PHILLIP**
 STREET ADDRESS **430 PINE BLUFF TRAIL**
 CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **VP GARDNER JOE**
 STREET ADDRESS **4028 JOHN ANDERSON HWY**
 CITY-ST-ZIP **FLAGLER BCH FL 32136**

TITLE ☐ Change ☒ Addition
 NAME **P GARDNER KALE**
 STREET ADDRESS **P.O. Box 762**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 an address, with all other like empowered.

SIGNATURE:

Michael D. Chiumento **GARDNER** 8/29/02 386-586-4046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)