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

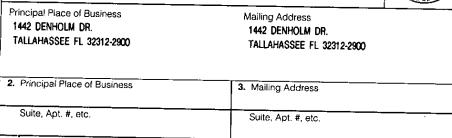
## DOCUMENT # K50088

1. Entity Name



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90227 004 \*\*\*150.00

FAR AWAY FARM OF TALLAHASSEE, INC.





CR2E034 (10/02)

FILED

☐ CHECK HERE IF MAKING CHANGES City & State City & State: 4. FEI Number Applied For-59-2996537 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEE, MARTHA LOU Street Address (P.O. Box Number is Not Acceptable) 234 ROSEHILL DR N TALLAHASSEE FL 32312 City 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 **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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Change ☐ Addition NAME DAVIS, MARTHA LEA NAME STREET ADDRESS 3115 FIELD STONE LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DEE, MARTHA LOU NAME STREET ADDRESS 1442 DENHOLM DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312-2900 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ☐ Addition NAME DAVIS, ALAN NAME STREET ADDRESS 959 CHAIRES CROSSROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME PIZZITOLA, SUZANNE NAME STREET ADDRESS 312 ENGLISH CIRCLE STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 35209 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 in changed, or on an attachment with an address, with all other like empowered. as if made under oath; that I am an officer or director as if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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TITLE

NAME

☐ Delete

Change

□ Addition