


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 017 ***150.00

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

DOCUMENT # **K58811** ✓

1. Entity Name
QUIETCOVE-RAR HOLSTEINS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14895 N.W. 30th Terr.

3. Mailing Address
14895 N.W. 30th Terr.

Subs. Act. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Okeechobee, FL 34972

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Okeechobee, FL 34972

4. FEI Number
65-0142251

Applied For
 NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDT Arnold, Sue 34972 14895 NW 30terr. Okee, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V Rucks, Tommy T, Jr. 2220 SW 21st St., PO Box 95 Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD 2220 SW 21st St., PO Box 95 Okeechobee, FL 34972	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee or partner empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other fee empowers.

SIGNATURE: *[Signature]* **4-30-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2J0346 (12/02)

CR2J0346 (12/02)