2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K74378** DAIRY ROAD PLANT FARM, INC. Mailing Address Principal Place of Business ME DAIRY ROAD 3830 DAIRY RD MELBOURNE FL 32904-7632 FL 32904

3. Mailing Address

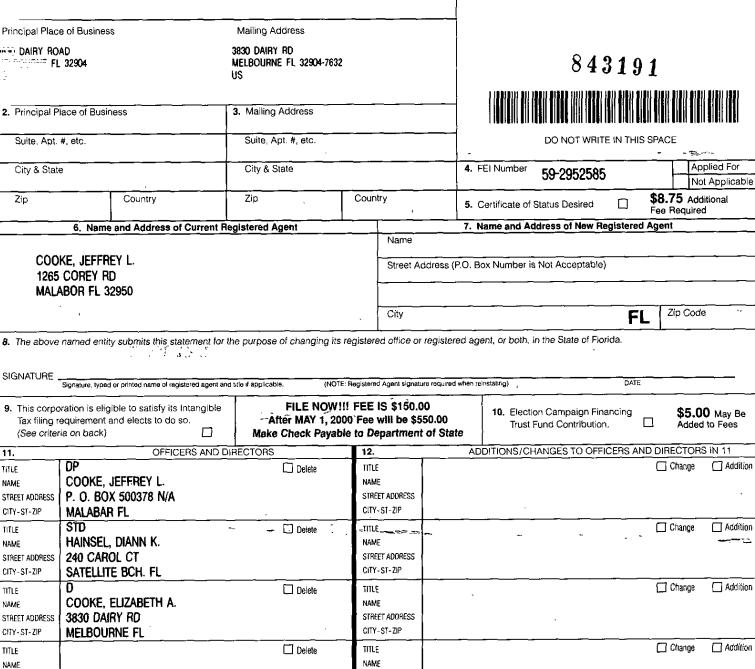
City & State

Zip

Suite, Apt. #, etc.

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90176 010 ***150.00



OFFICERS AND DIRECTORS 11. 66/6 Delete TITLE TITLE COOKE, JEFFREY L. NAME NAME E034 P. O. BOX 500378 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALABAR FL STD TITLE Detete HAINSEL, DIANN K. NAME NAME 240 CAROL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL ☐ Delete TITLE TITLE COOKE, ELIZABETH A. NAME NAME 3830 DAIRY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

-After MAY 1, 2000 Fee will be \$550.00

Name

City

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 that ee 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 advancess, with all other like empowered.

SIGNATURE:

2. Principal Place of Business

COOKE, JEFFREY L.

1265 COREY RD MALABOR FL 32950

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE AND SEE OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cooke 40/2700 407