2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

K81010

1. Entity Name

GENEVA FARMS INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90175 025 ***150.00

			GOO WE THE			
Principal Place of Business P.O. BOX 1119 GENEVA FL 32732		Mailing Address P.O. BOX 1119 GENEVA FL 32732				
2. Principal Place of Business		3. Mailing Address			AIDII DIDII BIRII DIRII ILDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3037920	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
RUVELL, ROGER 904 FAIRWAY DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32792			City	FL	Zip Code	
8. The above the obligat SIGNATURE	tions of registered agent.		registered office or regi	stered agent, or both, in the State of Florida. I am fam	iliar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AF	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUVELL, ROGER 904 FAIRWAY DRIVE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE	1	☐ Defete	TITLE		Change Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP~ : TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATUR

LVELL

Feb. 23, 2003 (407) 718-1732

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