

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002635

DOCUMENT # L99000001401

1. Entity Name

SCHIPKE FARM, LLC

FILED

02 OCT 10 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1440 SW 82ND TERRACE, #924  
PLANTATION FL 33324

Mailing Address

1440 SW 82ND TERRACE, #924  
PLANTATION FL 33324

2. Principal Place of Business

11304 MUSGROVE MILL DR.

3. Mailing Address

6951 WEST IRMA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FLORIDA

City & State

Glendale, ARIZONA

Zip

Country

34609

USA

Zip

85308

Country

USA

4. FEI Number 65-0899931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKE ALBERTSON

1440 SW 82ND TERRACE, #924  
PLANTATION FL 33324

Name

JOSEPH BROWN

Street Address (P.O. Box Number is Not Acceptable)

11304 MUSGROVE MILL DRIVE

City

SPRING HILL

FL

Zip Code

34609

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 JOSEPH BROWN REGISTERED AGENT

10/3/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

700008371987

10/15/02--01025--007 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ALBERTSON, MIKE ☐ Delete  
STREET ADDRESS 1440 SW 82ND TERRACE, #924  
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM  
NAME ALBERTSON, MIKE ☒ Change ☐ Addition  
STREET ADDRESS 6951 WEST IRMA LANE  
CITY-ST-ZIP Glendale, AZ 85308

TITLE MGRM  
NAME ALBERTSON, ANDREA ☐ Delete  
STREET ADDRESS 1440 SW 82ND TERRACE, #924  
CITY-ST-ZIP PLANTATION FL 33324

TITLE MGRM  
NAME ALBERTSON, ANDREA ☒ Change ☐ Addition  
STREET ADDRESS 6951 WEST IRMA LANE  
CITY-ST-ZIP GLENDALE, AZ 85308

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Andrea Albertson

10/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)