

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02052

1. Entity Name

AVICULTURAL BREEDING & RESEARCH CENTER, INC.

Principal Place of Business

1471 FOLSOM RD.
LOXAHATCHEE FL 33470-6710

Mailing Address

1471 FOLSOM RD.
LOXAHATCHEE FL 33470-6710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2749573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUBOT, SCOTT
1471 FOLSOM RD.
LOXAHATCHEE FL 33470

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTVS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHUBOT, SCOTT	1471 FOLSOM RD.	LOXAHATCHEE FL				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHUBOT, SCOTT	1471 FOLSOM RD.	LOXAHATCHEE FL				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SCHUBOT, SCOTT	1471 FOLSOM RD.	LOXAHATCHEE FL 33470				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowerment.

SIGNATURE:

SIGNATURE REQUIRED

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90035 017 ****61.25



DO NOT WRITE IN THIS SPACE

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