

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90042 040 ****70.00

0018371

DOCUMENT # N22125

1. Entity Name

FARQUHARSON ACLF INC.

Principal Place of Business

Mailing Address

FARQUHARSON A.L.F.
4363 N.W. 202 ST
CAROL CITY FL 33055

EVELYN FARQUHARSON
4363 NW 202ST
MIAMI FL 33055

507661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mailing Address

FARQUHARSON A.L.F.
4363 N.W. 202 ST
 City & State

Evelyn FARQUHARSON
 Suite, Apt. #, etc.
4363 N.W. 202 ST
 City & State

CAROL City
 Zip
33055

Country

CAROL City Florida
 Zip
33055

Country

4. FEI Number **65-0120988**

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

Evelyn FARQUHARSON
4363 N.W. 202 ST
CAROL City FL 33055

Name
Evelyn FARQUHARSON
 Street Address (P.O. Box Number is Not Acceptable)
4363 N.W. 202 ST
 City
CAROL City Zip Code
FL 33055

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 *Evelyn Farquharson*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2-21-02
 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	DP FARQUHARSON, EVELYN 4363 NW 202ST CAROL CITY FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARQUHARSON, David 4363 N.W. 202 ST CAROL City FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILMORE, URIAH 4363 N.W. 202 ST CAROL City FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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, with all other like empowered.

SIGNATURE: *Evelyn Farquharson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2002
 Date
624-6092
 Daytime Phone #

CR2E037 (9/01)