

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34398

1. Entity Name

FEED MY LAMBS, INC.

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90211 015 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O LYDIA PAULEY C/O LYDIA PAULEY  
136 W. VOORHIS AVE. 136 W. VOORHIS AVE.  
DELAND FL 32720 DELAND FL 32720



DO NOT WRITE IN THIS SPACE

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 59-3012193 ☒ 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  
PAULEY, LYDIA  
136 W VOORHIS AVE  
DELAND FL 32720  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D NAME GEORGE, CAROL A STREET ADDRESS 1140 ADELINE AVE CITY-ST-ZIP ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE D NAME HAGERSTRAND, MARY STREET ADDRESS 2631 WILMHURST ROAD CITY-ST-ZIP DELAND, FLA. 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HELVEY, SHIRLEY A MRS. STREET ADDRESS 466 W HOLLY DRIVE CITY-ST-ZIP ORANGE CITY FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHWARZ, JOHN R. STREET ADDRESS 2704 OAK ROAD CITY-ST-ZIP DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WILSON, HOWARD MR. STREET ADDRESS 2631 WILMHURST ROAD WILMHURST CITY-ST-ZIP DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BROWN, LINDA MRS. STREET ADDRESS 605 ALLIANCE CITY-ST-ZIP DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SCHWARZ, KAREN MRS STREET ADDRESS 270 OAK ROAD CITY-ST-ZIP DELAND FL 32720	<input type="checkbox"/> Delete	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: Maria Lydia Pauley, President 3/30/02 386736-0688

CR2E037 (9/01)