## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # N9300003789

Principal Place of Business

## PALM BEACH COUNTY EXTENSION OVERALL ADVISORY COM MITTEE, INC.

C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415	C/O AGRICULTURAL SERVICES CENTER 559 N. MILITARY TRAIL WEST PALM BEACH FL 33415
2. Bringing Diago of Duginess	O Mallian Address

## FILED Apr 30, 2002 8:00 am § Secretary of State 04-30-2002 90220 012 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP  NAME DIGNA DAVIS STREET ADDRESS CITY-ST-ZIP ADDITION NAME DIGNA DAVIS STREET ADDRESS CITY-ST-ZIP ADDITION NAME DIGNA DAVIS STREET ADDRESS CITY-ST-ZIP ADDITION NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDITION NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ADDITION NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	MEST LYPIN DEVOLUE 20413 MEST LYPIN DEVOLUE 20413											
City & State    City & State   City & State   City & State   A. FFI Number   NOT APPLICABLE   Applied for   Net Applicable   See Required   S	2. Principal F	Place of Business	3. Mailing Address									
Application	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O.	City & Stat	ie .	City & State									
S. Certification of Statuto Original Control Fee Required  T. Name and Address of New Registered Agent  Name  Street Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Street Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  FL Zip Code  Address (F.O. Box Number is Not Acceptable)  Address (F.O. Box Nu	- 7in	Country	7im									
HUTCHESON, CLAYTON E  558 M. MILTRAY TRAIL  WEST PALM BEACH FL 33415  B. 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.    City   FL   Zip Code	ΖIÞ	Country	ZIP			1 5 Certificate of Status Desired 1 1 1						
HUTCHESON, CLAYTON E  559 N. MILITARY TRAIL WEST PALM BEACH FL 33415  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forida.  FILE NOW: FEE IS \$61.25  Children Campaign Financing Added to Fees  Blankine hydrol or finence or registered agent, or both, in the state of Forida.  FILE NOW: FEE IS \$61.25  Children Campaign Financing Added to Fees  Challen Campaign Financing Campaign	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
HUTCHESON, CLAYTON E \$59 N. MILITARY TRAIL WEST PALM BEACH FL 33415  City FL Zip Code  City FL Zip Cod	سرار عن مستبهد بهامه و المراكب تبريعها والمساون عبر الا الا المساون المساون المساون المساون المساون المساون الم				Name							
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B. 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	WEST PA	M BEACH FL 33415										
SIGNATURE    Signature   Signa					City				FL	Zip Cod	i <del>0</del>	
FILE NOW: FEE IS \$61.25    Second Companies and the production of State   Second Companies   Second Companie	8. The above	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.										
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Trust Fund Contribution.	SIGNATORE	Signature, typed or printed name of registered agent at	nd title if applicable. (NO	TE: Registere	d Agent signat	ure required	when reinstating)		DATE			
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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						ad in Or	tion 110 07(0)(")	Florido Desarro de		- ab - a - t		

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:** 

4-16-2002 561-655-0620