

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90067 012 ****61.25

DOCUMENT # N95000004562

1. Entity Name

FEISTY ACRES INC.



Principal Place of Business

**4493 N.E. 147TH COURT
WILLISTON FL 32696
US**

Mailing Address

**4493 N.E. 147TH COURT
WILLISTON FL 32696
US**

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 **59-3355961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUTE, EDNA M
4493 N.E. 147TH COURT
WILLISTON FL 32696**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edna M. Nute

EDNA M. NUTE

4-4-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☐ Delete
NAME **NUTE, EDNA M**
STREET ADDRESS **4493 N.E. 147TH COURT**
CITY-ST-ZIP **WILLISTON FL**

TITLE **C/M/D** ☒ Change ☐ Addition
NAME **NUTE, EDNA**
STREET ADDRESS **4493 NE 147th COURT**
CITY-ST-ZIP **WILLISTON, FL 32696**

TITLE **VD** ☒ Delete
NAME **LOWERY, JANET**
STREET ADDRESS **8373 NW 63RD STREET**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **P/D** ☐ Change ☒ Addition
NAME **FLECK, KATHLEEN**
STREET ADDRESS **13985 NE 45th AVE**
CITY-ST-ZIP **Anthony, FL 32617**

TITLE **VD** ☐ Delete
NAME **KERIS, CAROLYN**
STREET ADDRESS **8486 SW 61 TERRACE ROAD**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **T/D** ☒ Change ☐ Addition
NAME **KERIS, CAROLYN**
STREET ADDRESS **8486 SW 61 TERRACE ROAD**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **S** ☐ Delete
NAME **KIMMICK, LINDA**
STREET ADDRESS **4495 NE 147TH COURT**
CITY-ST-ZIP **WILLISTON FL 32696**

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

TITLE **D** ☒ Delete
NAME **SAUSVILLE, DAVID L D.V.M**
STREET ADDRESS **4451 N.E. 147TH COURT**
CITY-ST-ZIP **WILLISTON FL**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Paige, Debbie**
STREET ADDRESS **2396 NE 54th Place**
CITY-ST-ZIP **Ocala, FL 34479**

TITLE **T** ☐ Delete
NAME **STUCKEY, JULIET**
STREET ADDRESS **760 NW 66TH PLACE**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **V** ☒ Change ☐ Addition
NAME **STUCKEY, JULIET**
STREET ADDRESS **760 NW 66th PLACE**
CITY-ST-ZIP **OCALA, FL 34475**

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:

Kathleen Fleck **KATHLEEN FLECK**

4/25/03

352-732-3766

CR2E037 (10/02)