

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90023 050 \*\*\*150.00

**DOCUMENT # P00000017601**  
 1. Entity Name  
**COORDINATED FARM MANAGEMENT, INC.**

Principal Place of Business <b>114 N.E. 1ST ST. TRENTON FL 32693</b>	Mailing Address <b>P.O. BOX 308 TRENTON FL 32693</b>
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2. Principal Place of Business <b>6191 N. US Hwy 129</b> Suite, Apt. #, etc.	3. Mailing Address <b>6191 N. US Hwy 129</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Bell FL</b>	City & State <b>Bell FL</b>	4. FEI Number <b>59-3631208</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32619</b>	Country <b>USA</b>	Zip <b>32619</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~**BURT THEODORE M ESQ.  
114 N.E. 1ST ST.  
TRENTON FL 32693**~~

7. Name and Address of New Registered Agent  
 Name **DICK TARANTINO**  
 Street Address (P.O. Box Number is Not Acceptable) **6191 North U.S. Hwy 129**  
 City **Bell** State **FL** Zip Code **32619**

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 **2-8-02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BORDEN, STEVE 253 RT. 202 SOMERS NY 10589</b>	<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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **2-8-02** DAYTIME PHONE # **386-935-9349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)