

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 040 ***150.00

DOCUMENT # **PO0000019414**

1. Entity Name

HOWARD BROTHERS FARM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rt 2 Box 254

Suite, Apt. #, etc.

3. Mailing Address

Rt 2 Box 254

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Butler, Fl

City & State

Lake Butler, Fl

4. FEI Number

59-3645957

Applied For

Not Applicable

Zip

32054

Country

us

Zip

32054

Country

us

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

John Carl Howard

Street Address (P.O. Box Number is Not Acceptable)

Rt 2 Box 254

City

Lake Butler

FL

Zip Code

32054

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of signatory and street applicable.

(NOTE: Registered Agent signature required when necessary.)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President	John Carl Howard	Rt 2 Box 254	Lake Butler, Fl 32054				
Secretary	Amos Edge Howard	Rt 2 Box 254	Lake Butler, Fl 32054				
Treasurer	Joseph David Howard	Rt 2 Box 254	Lake Butler, Fl 32054				

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Zip

CR2E034B (12/01)