FILED 2002 UNIFORM BUSINESS REPORT (UBR) P00000037930 DOCUMENT # 1. Entity Name 04-23-2002 90335 032 ***150.00 RAMBO DAIRY, INC.

Country

Name

City

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

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.

8159 GARDEN STREET

JACKSONVILLE FL 32219

Principal Place of Business

8159 GARDEN STREET

Suite, Apt. #, etc.

City & State

Zip

JACKSONVILLE FL 32219,

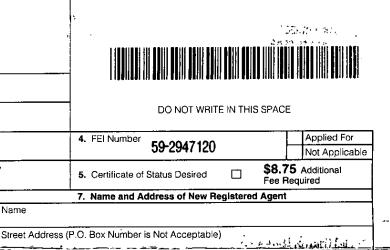
MATTHEWS, DONALD W ESQ

7952 NORMANDY BLVD: JACKSONVILLE FL 32221

SIGNATURE:

2. Principal Place of Business

Apr 23, 2002 8:00 am Secretary of State



Zip Code

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Tax filling requirement and elects to do so.			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Financing \$5.00 May E Added to Fees	
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS CARTER, JOSEPH L 8163 GARDEN STREET JACKSONVILLE FL 32219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carter, Joseph L 8163 Garden Street Jacksonville FL 32219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		'□ Change □ Add	ition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷.	☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	ition
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.						