

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000047698**

1. Entity Name

HIDDEN POND FARM, INC.

Principal Place of Business

**13611 MCGREGOR BLVD. STE. 3
FT. MYERS FL 33919**

Mailing Address

**13611 MCGREGOR BLVD. STE. 3
FT. MYERS FL 33919**

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

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**MCGILL, DIANE E, Esquire
13611 MCGREGOR BLVD, STE. 3
FT. MYERS FL 33919**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, KELLY A	
STREET ADDRESS	13611 MCGREGOR BLVD, STE. 3	
CITY-ST-ZIP	FT. MYERS FL 33919	

TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, DIANE E	
STREET ADDRESS	13611 MCGREGOR BLVD, STE. 3	
CITY-ST-ZIP	FT. MYERS FL 33919	

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/01 941-4861

Date

Daytime Phone #

Date

Daytime Phone #

CR2E034 (5/01)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**01 OCT 16 PM 7:15
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DO NOT WRITE IN THIS SPACE