

05-27-2002 90445 014 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P0000000-80484

1. Entity Name  
**WELCOME GATE FARM, INC.** ✓

Principal Place of Business  
 12551 NW 43<sup>rd</sup> Lane  
 Ocala, FL 34482

2. Principal Place of Business  
 12551 NW 43<sup>rd</sup> Lane

3. Mailing Address  
 Same

City & State  
 Ocala FL

City & State  
 Ocala FL

4. FEI Number  
 59-3669444

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

93484

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Dale Kalmar**  
 12551 NW 43<sup>rd</sup> Lane Ocala FL  
 34482

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when indicated)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Pres. Dale Kalmar 12551 NW 43<sup>rd</sup> Lane Ocala, FL 34482</b>	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"/> Delete <b>Sec. Lynn Kalmar 12551 NW 43<sup>rd</sup> Lane Ocala, FL 34482</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Lynn Kalmar**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-1-02**

CR2E034 (9/99)