

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90091 050 ***158.75

DOCUMENT # P010000606451. Entity Name
PADDOCK, FARMS, INC.

Principal Place of Business

**2044 SW 19 LANE
OKEECHOBEE FL 34974**

Mailing Address

**2044 SW 19 LANE
OKEECHOBEE FL 34974**

2. Principal Place of Business

2044 SW 19th lane

3. Mailing Address

2044 SW 19th lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

65-0784480

Applied For

Not Applicable

Zip

34974

Country

USA

Zip

34974

Country

USA5. 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

JOLICOEUR, GERARD**2044 SW 19 LANE
OKEECHOBEE FL 34974**

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 \$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 **PD** ☐ Delete
NAME **JOLICOEUR, GERARD**
STREET ADDRESS **2044 SW 19 LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**TITLE **VD** ☐ Delete
NAME **JOLICOEUR, NANCY**
STREET ADDRESS **2044 SW 19 LANE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)