2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

319 CLEMATIS STREET SUITE 404

WEST PALM BEACH FL 33401

UNIFORM BUSINESS REPORT (UBR)

P01000088786 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name HAMCEDD FARMS, INC.

Principal Place of Business

WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

319 CLEMATIS STREET SUITE 404



FILED Mar 19, 2003 8:00 am & Secretary of State

03-19-2003 90104 018 ***150 00

90099109

☐ CHECK HERE IF MAKING CH	ANGES
4. FEI Number 65-1136137	Applied For
	Not Applicable
	. 75 Additional Required
7 Name and Address of Nav. Declarated 4	

DATE

BUFFONE, PETER A 319 CLEMATIS STREET SUITE 404 COMEAU BUILDING WEST PALM BEACH FL 33401

Name				
	•			
Street Address (P.O.	Box Number is Not Accept	able)		
	, , , , , , , , , , , , , , , , , , , 		, <u></u>	
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. I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition |Buffone, Peter A NAME NAME STREET ADDRESS 319 CLEMATIS STREET SUITE 404 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with address, with all other like empowered.

SIGNATURE:

DUFFONE