

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 027 ***150.00

0688704 FP

DOCUMENT # P01000099321

1. Entity Name
AMFARM, INC.



Principal Place of Business
**26650 STATE HWY 54
LUTZ FL 33559**

Mailing Address
**26650 STATE HWY 54
LUTZ FL 33559**



2. Principal Place of Business

3. Mailing Address

1726 Cypress Creek Rd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

LUTZ FL

4. FEI Number

APPLIED FOR
65-1152627

Applied For

Not Applicable

Zip

Country

Zip

Country

33559

5. 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

**WOLDING, DAVID C
26640 PLAYERS CIRCLE
APT 13
LUTZ FL 33559**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
WOLDING, DAVID C
26640 PLAYERS CIRCLE #13
LUTZ FL 33559** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 trustee 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03 813-949-0985
Date Daytime Phone #

CR2E034 (10/02)