## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000105414 **DOCUMENT #**

1. Entity Name

UNCLE MIKE'S HUG-N-FARM INC.

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Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90215 029 \*\*\*150.00

**FILED** 

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Principal Place or RT 2, BOX 448 LAKE BUTLER FI		Mailing A RT 2, BC LAKE BU								
2. Principal Pla	ace of Business	3. Mailing	g Address					ISINI HULI BULU	<b>  </b>	1 E1E1 1981
Suite, Apt. #, etc. Suite, Apt. #, etc.							CHECK HERE IF	MAKING C		
City & State		City & State			4. FE	1 Number <b>59-3752368</b>		Not /	ied For Applicable	
Zip	Country	Zip		Count	try	1	ertificate of Status Desired	LJ F	8.75 Additi	onal
	6. Name and Address of Curren	t Registered	Agent	<del></del>		7Na	me and Address of New Re	gistered Ag	ent	
	o. Name and Address of Land				Name					
	SUZANNE DENISE				Street Address	s (P.O. Bo	x Number is Not Acceptable)			
RT 2, BOX	448 LER FL 32054								Zip Code	
					City			FL	1	
the obligati	named entity submits this statement ions of registered agent.				ed Agent signature requ			DATE		
SIGNATURE -	Signature, typed or printed name of registered age	nt and title if appli	icable. (NC	TE: Hegisteri	ed Agent signature requ					
Δfter	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State					<ol><li>Election Campaign Fin Trust Fund Contribution</li></ol>	٦. 🗀	Added	May Be to Fees
Make Check							DITIONS/CHANGES TO OFF	ICEDS AND	DIRECTORS	IN 11
	OFFICERS AN	ID DIRECTOR	RS	11.		AD	DITIONS/CHANGES TO OFF	ICENS AND		
10.	<del></del>	ID DIRECTO		11.		AD	DITIONS/CHANGES TO OFF	CENS AND	☐ Change	☐ Addition
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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: Australia 10