2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am § Secretary of State DOCUMENT # P01000114860 1. Entity Name. 05-02-2002 90063 006 ***150.00 THE FEED STORE, INC. Principal Place of Business Mailing Address -10382-FLORIDA-GEORGIA HIGHWAY 10382-FLORIDA-GEORGIA HIGHWAY HAVANA FL 32333 HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address 0206 0206 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For torana Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHIDDON, WAYNE Street Address (P.O. Box Number is Not Acceptable) _10382-FLÓRIDA-GEORGIA HIGHWAY HAVANA FL 32333 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME WHIDDON, WAYNE STREET ADDRESS 10382 FLORIDA-GEORGIA HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 TITLE ☐ Delete TITLE Change ☐ Addition TS NAME NAME WHIDDON, CELESE STREET ADDRESS STREET ADDRESS 10382 FLORIDA-GEORGIA HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED