

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91401 020 ***150.00

DOCUMENT # P02000013146

1. Entity Name
CEDAR GROVE FARM, INC.



Principal Place of Business
**501 SW 96TH LANE
OCALA FL 34476**

Mailing Address
**501 SW 96TH LANE
OCALA FL 34476**



2. Principal Place of Business

3. Mailing Address

PO Box 1588

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belle view, FL

4. FEI Number

59-0477186

Applied For

Not Applicable

Zip

Country

Zip

Country

34476

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

**MATTHEWS, PHILIP M
501 SW 96TH LANE
OCALA FL 34476**

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 **President** ☐ Delete
NAME **Philip M. Matthews**
STREET ADDRESS **501 SW 96th Lane**
CITY-ST-ZIP **Ocala, FL 34476**

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

TITLE **Vice President** ☐ Delete
NAME **Karen E. Matthews**
STREET ADDRESS **501 SW 96th Lane**
CITY-ST-ZIP **Ocala, FL 34476**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 life empowered.

SIGNATURE:

Karen E. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 352-237-3330

Date Daytime Phone #

CR2E034 (10/02)