# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**
**Mar 03, 2003 8:00 am**
**Secretary of State**
02-20-2003 90137 027 ***150.00

DOCUMENT # P02000035387

1. Entity Name
MICCO FARM AND GROVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17159 LIMRICK COURT<br>TEQUESTA FL 33469 | 17159 LIMRICK COURT<br>TEQUESTA FL 33469 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3575 MICCO ROAD | 30 TWELVE CREEK DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 1 |
| City & State: MICCO, FLORIDA | City & State: TEQUESTA, FLORIDA |
| Zip / Country: BLANK | Zip: 33469 / Country: MARTIN |

4. FEI Number: 03-0416068 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KRATZ, D. BRUCE<br>C/O JECK, HARRIS & JONES, LLP<br>SUITE 400, 1061 E. INDIADTOWN ROAD<br>JUPITER FL 33477 | Name: RICK HARTBRODT<br>Street Address (P.O. Box Number is Not Acceptable): 17159 LIMRICK COURT<br>City: TEQUESTA FL Zip Code: 33469 |

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: ✓ 2/17/03
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 | D<br>HARTBRODT, RICK<br>17159 LIMBRICK COURT<br>TEQUESTA FL 33469 | ☐ Delete | [redacted] PRESIDENT | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AMERMAN, GEORGE F<br>VALLEY VIEW ROAD P.O. BOX 170<br>SUNBURY PA 17801 | ☐ Delete | SECRETARY / TREASURER<br>30 TWELVE CREEK DRIVE<br>TEQUESTA, FLORIDA 33469 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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:** [redacted] Treasurer 2/16/03 561-745-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #