

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0410026 AV

DOCUMENT # P02000038158

1. Entity Name
ZILL NURSERY, INC. *NAME CHANGED TO:*
BAREFOOT FARMS, INC. ✓



FILED
03 OCT 31 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6671 TARA COURT
BOYNTON BEACH FL 33437

Mailing Address
6671 TARA COURT
BOYNTON BEACH FL 33437



2. Principal Place of Business

560 Village Blvd

Suite, Apt. #, etc.

Ste 335

City & State

West Palm Beach FL

Zip

33409

Country

USA

3. Mailing Address

560 Village Blvd

Suite, Apt. #, etc.

Ste 335

City & State

West Palm Beach FL

Zip

33409

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARK A

6671 TARA COURT 50 SE 4TH AVE

BOYNTON BEACH FL 33437 Delray Bch, FL 33483

7. Name and Address of New Registered Agent

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

TITLE **PSTD** ☒ Delete
NAME **ZILL, GARY**
STREET ADDRESS **6671 TARA COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☒ Addition
NAME **J. RONALD ANDERSON**
STREET ADDRESS **560 Village Blvd, Ste 335**
CITY-ST-ZIP **West Palm Beach, FL 33409**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

J. Ronald Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

(561) 686-1110

Daytime Phone #

CR2E034 (10/02)