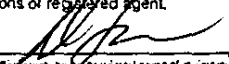
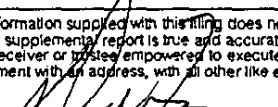


AMENDED

FILED

03 DEC 24 AM 9:29

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046292			
1. Entity Name FARMER & COMPANY, INC.			
Principal Place of Business 413 SUMMIT RIDGE PLACE, APT. #107 LONGWOOD, FL 32779		Mailing Address P.O. BOX 941034 MAITLAND, FL 32794-1034	
2. Principal Place of Business 1800 33RD Street		3. Mailing Address	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32839	Country USA	Zip	Country
4. FEI Number 03-0438051		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARMER, DANIEL H 413 SUMMIT RIDGE PLACE, APT. #107 LONGWOOD, FL 32779		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  DANIEL H. FARMER DATE 12/22/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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 FARMER, DANIEL H 413 SUMMIT RIDGE PLACE, APT. #107 LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T FARMER, DANIEL H. 413 SUMMIT RIDGE PLACE, APT #107 LONGWOOD, FL 32779 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 like empowered. SIGNATURE:  DANIEL H. FARMER DATE 12-22-03 407 996-3600 Signature and typed or printed name of signing officer or director			

CR2E034 (10/02)