AMENDED

FILED

03 DEC 24 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

300025756833
2/24/03--01040--015 **61.25

2. Principal Place of Business 1800 33RD Street
Suite, Apt. #, etc. 202
City & State Orlando FL
Zip 32839 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☑ CHECK HERE IF MAKING CHANGES

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 [signature] DANIEL H. FARMER 12/22/03
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
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

TITLE	D	☐ Delete
NAME	FARMER, DANIEL H	
STREET ADDRESS	413 SUMMIT RIDGE PLACE, APT. #107	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	☐ Change ☐ Addition
NAME	FARMER, DANIAL H,	
STREET ADDRESS	413 SUMMIT RIDGE PLACE, APT #107	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

DANIEL H. FARMER

SIGNATURE: [signature] PRESIDENT 12.22.03 407 996.3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #