FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000054156

1. Entity Name

SCOPELAND FARMS; INC.



FILED Mar 16, 2005 8:00 am Secretary of State

03-16-2005 90050 041 ***150.00

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DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3. Mailing Address 10060 SE 126 BLVD: 10060 SE 126		21. B.I.I.I	^				
1'00605E126BLVD 1:00605E1 Suite, Apt. #, etc. Suite, Apt. #, etc.		462209		DO NOT WRITE IN THIS SPACE			
City & State OKEEC HARFE, FL. OKEEC HARE		=E . E/.		El Number 01-0698856		Applied For Not Applicable	
OKEECHOBEE, FL. Zip — Country 34974 USA	City & State OKEEC HO BE -Zip 3 4 9 7 4	Country USA		ertificate of Status Desired		5 Additional	
34974 1 03 11	7			Fee Required . Name and Address of Current Registered Agent			
Name SCOPELITIS JAMES							
				20. Box Number is Not Acceptable)			
				ECHOBEE FL. 34974			
		City			FL Zig	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							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS							
TITLE PD NAME OF OPELITIS TAMES		-TITLE NAME	A. T.		147	(12/02)	
STREET ADDRESS 100 60 SE 124 BLVD		STREET ADDRESS	3	•		B (1)	
CHY-SI-ZIP - OKEE-CHOBEE	FL 34974	CITY-ST-ZIP				CR2E034B	
NAME SCOPELITIS DAD	OTHV	TITLE NAME				CR2	
STREET ADDRESS CITY-ST-ZIP NAME SCOPELITIS; DOROTHY STREET ADDRESS NO 60 SE 126 BLVD OKE 5 CHOBEE FL 34974		STREET ADDRESS	14.		-		
TITLE OKEECHOBEE	FL 34974	THILE	# 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	. 27%			
NAME CARSEL ARRESCO		NAME					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		DO NOT-WRITE			
TITLE		STITLE		IN THIS SPA	ACE		
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP	Andrews 100	e Page III	***		
TIFLE NAME		TITLE NAME					
STREET ADDRESS		STREET ADDRESS					
City-St-ZIP		CITY-ST-ZIP					
TITLE NAME		NAME		Service Part Part			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: AMALY LE RELIET (DOPOTHY SCOPELITIS) 3/12/05 863.76.3.90.90

SIGNATURE AND TYPED OR PRINTEDY AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: LIMITED AND TYPED OR PRINTEDY AME OF SIGNING OFFICER OR DIRECTOR