

**2001 UNIFORM BUSINESS REPORT (UBR)**

17

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90099 035 \*\*\*150.00

**DOCUMENT # P94000053129**

1. Entity Name  
**HICKSTEAD FARM, INC.**

Principal Place of Business      Mailing Address  
**1080 SW 73RD ST. RD.**      **1080 SW 73RD ST RD**  
**OCALA FL 34476**      **OCALA FL 34476**

28215



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>921 SW 73 ST RD</b>		4. FEI Number <b>59-3267643</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ocala FL</b>			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip <b>34476</b>	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TROTTER, LINDA</b> <b>1133 SE 18TH PL SUITE 3</b> <b>OCALA FL 34471</b>			Name <b>Bryan Hicks</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1133 SE 18 Place Suite 3</b>		
			City & State <b>Ocala FL 34471</b>		
			City	State	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.

SIGNATURE DATE **2-26-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, MELODEE</b> <b>921 SW 73RD ST RD</b> <b>OCALA FL 34471</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HICKS, BRYAN C</b> <b>921 SW 73RD ST RD</b> <b>OCALA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bryan Hicks** Date **1-17-01** 352.895.5432 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)