

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90024 017 ***150.00

AV 7-26-00

DOCUMENT # **P94000076061**
1. Entity Name
BUCOMB FARMS, INC. / DBA Peggy's Place



Principal Place of Business
GRUMBLE'S HOUSE
20799 WALNUT ST.
DUNNELLON FL 34431
US

Mailing Address
15815 SW 33RD ST.
OCALA FL 34481
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Peggy's Place
Suite, Apt. #, etc.
20815 W. Pennsylvania Ave

3. Mailing Address
same as above
Suite, Apt. #, etc.

City & State
Dunnellon FL 34431

City & State

Zip
34431

Country
USA

4. FEI Number **59-3282276** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUSCHMAN, KENNETH L
15815 SW 33RD STREET
OCALA FL 34481

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSCHMAN, KENNETH L 15815 SW 33RD STREET OCALA FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BUSCHMAN, MARGARET A 15815 SW 33RD STREET OCALA FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Margaret A. Buschman (352) 1-29-03 489-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)