2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P940000 82733 May 10, 2001 8:00 am **Secretary of State** HEADBURY FARMS, INC. 05-10-2001 90127 017 ***150 00 Principal Place of Business Clo RICHARD A. FOCKE Mailing Address Clo RICHARD A. FOCKE 13000 NW 1 ST. 4101 HAY RD LUTZ, FL 335 - MUB5288I -PLANTATION, FL 33325 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State <u>65-0538134</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME FOCKE, JR. H.R. 3800 INVERRARY BLVD #209 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 STREET 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of States (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE FOCKE, RICHARD L 4250 SW 920 AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DLUIE. Change Addition ☐ Delete TITLE FOCKE, SUSAN W. 13000 NW FIRST ST. NAME NAME STREET ADDRESS STREET ADDRESS PLANTATION, FL 33325 CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Addition TITLE TITLE Delete FOCKE, HENRYR., JR. NAME NAME 13000 NW FIRST ST STREET ADDRESS STREET ADDRESS PLANTATION, FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. PRESIDENT 4/20/6/ (954) SIGNATURE:

Richard

Focke