

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032776

1. Entity Name

HATTON'S HARMONY FARMS, INC.

Principal Place of Business

515 E MAIN
PAHOKEE, FL 33476

Mailing Address

PO BOX 303
PAHOKEE, FL 33476

2. Principal Place of Business

650 State Mkt Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pahokee, FL 33476

City & State

Zip

Country

33476 USA

Zip

Country



DO NOT WRITE IN THIS SPACE.

00044630

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90035 011 ***150.00

4. FEI Number 65-0897011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATTON, TRAVIS
1515 E MAIN ST
PAHOKEE FL 33476

Name

Hatton Travis

Street Address (P.O. Box Number is Not Acceptable)

13600 S.W. Connors Hwy.

City

Okeechobee

FL

Zip Code

34974

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HATTON, TRAVIS E	
STREET ADDRESS	1515 E. MAIN ST.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	HATTON, ANNE W	
STREET ADDRESS	1515 E. MAIN ST.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatton Travis	
STREET ADDRESS	13600 SW Connors Hwy	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatton Anne	
STREET ADDRESS	13600 SW Connors Hwy.	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)