

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000097733

FILED
Mar 27, 2003
Secretary of State

Entity Name: MCC FARMS, INC

Current Principal Place of Business:

8607 SW PERRY LANE
STUART, FL 349977936

New Principal Place of Business:

Current Mailing Address:

8607 SW PERRY LANE
STUART, FL 349977936

New Mailing Address:

FEI Number: 65-0706819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCREARY, WILLIAM T
8607 SW PERRY LANE
STUART, FL 349977936

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: MCCREARY, W.T. SR.
Address: 8607 SW PERRY LANE
City-St-Zip: STUART, FL 349977936

Title: D () Delete
Name: MCCREARY, M.W.
Address: 700 CENTRAL PKWY
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCREARY, M.W.
Address: 700 CENTRAL PKWY
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W T MCCREARY

CPS

03/27/2003

Electronic Signature of Signing Officer or Director

_____ Date