2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000038166

1. Entity Name

CHICK-A-MOO FARM, INC.

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FILED Jan 09, 2003 8:00 am Secretary of State
01-09-2003 90059 023 ***150.00

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Principal Place 17035 171ST MCALPIN FL	RD	s	1703	Mailing Address 17035 171ST RD MCALPIN FL 32062				1 1881 1 88 1 1881 1881 1881 1881 1881 1		8 1 1 8181 31 8 1	1 4 1114 1141 1 46 1	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE	IF MAKING (CHANGES	3	
City & Stat	e	<u>.</u>	City	City & State				4. FEI Number 59-3506716			applied For lot Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired					
	6. Name	and Address of (Current Registers	od Agent		T	7	Name and Address of New R		<u></u>		-
	U. Harrio	una radicas oi v	our chic riogistare	a Agent		Name	7. 1	Name and Address of New A	egistered Ag	ent		4
EVANS, J								(P.O. Box Number is Not Acceptable)				
17035 17 MCALPIN	FL 32062										-	
-•						City		79*2.80	FL	Zip Coo		
8. The above the obligat	named entity tions of regist	y submits this state ered agent.	ement for the purp	ose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Flo	rida. I am far	niliar with	, and accept	
SIGNATURE .		or printed name of registe	ered agent and title if app	licable. (NOTI	E: Registere	d Agent signature requ	fred when re	einstating)	DATE			
		1 FFF 10 6450				-		T				\dashv
		! FEE IS \$150. 3 Fee will be \$5						9. Election Campaign Fin.	ancing	\$5.0	00 May Be	
		Florida Departr						Trust Fund Contribution	ı.		d to Fees	
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10.	I" -	OFFICE	RS AND DIRECTO		11.		AD	DITIONS/CHANGES TO OFFI	CERS AND D	IRECTOF	RS IN 11],
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NAME	Evans, Jo				NAM							(10/02)
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inereuy 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR