## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000049512

SIGNATURE

## THIRTY SOMETHING FARM, INC.

Principal Place of Business 3112-B SPANISH WELLS DR. DELRAY BCH FL 33445

Mailing Address

3112-B SPANISH WELLS DR. **DELRAY BCH FL 33445-6715** 

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

**FILED** May 05, 2000 8:00 am Secretary of State

05-05-2000 90093 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DATE

City & State		City & State		4. FEI Number APPLIED FOR Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		

HITCH, MAUREEN C 3112-B SPANISH WELLS DR. **DELRAY BCH FL 33445** 

7. Inditing and Place of the Programme Place of				
Name				•
Street Address (P.O. Box Numb	per is Not Acceptable)	•		-
	1.00000			
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.

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

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE HITCH, MAUREEN C NAME STREET ADDRESS 3112-B SPANISH WELLS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33445** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change < . ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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:** 

NTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25.2000