

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90785 047 ***150.00

0627335 AT

DOCUMENT # P98000054821

1. Entity Name
TRAWICK FARMS, INC.



Principal Place of Business
**RT.2 BOX 1215
MAYO FL 32066**

Mailing Address
**RT.2 BOX 1215
MAYO FL 32066**



2. Principal Place of Business

5773 E US 27

3. Mailing Address

5773 E US 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MAYO, FL

City & State

MAYO FL

4. FEI Number **59-3516909**

Applied For

Not Applicable

Zip

32066

Country

Lafayette

Zip

32066

Country

Lafayette

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRAWICK, PAUL N
RT.2 BOX 1215
MAYO FL 32066**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TRAWICK, DAVID	
STREET ADDRESS	RT.2 BOX 1215	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	TRAWICK, BARBARA	
STREET ADDRESS	RT.2 BOX 1215	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TRAWICK, PAUL	
STREET ADDRESS	RT.2 BOX 1215	
CITY-ST-ZIP	MAYO FL 32066	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HANSON, TIMOTHY	
STREET ADDRESS	RT 2 BOX 1240	
CITY-ST-ZIP	MAYO FL 32066	
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"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul N. Trawick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03
Date

386-294-1630
Daytime Phone #

CR2E034 (10/02)