

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90484 028 ***150.00

DOCUMENT # P98000100913

1. Entity Name
LIPE FARMS, INC.

Principal Place of Business
9090 S.W. LIPE ST.
ARCADIA FL 34266-6615

Mailing Address
9090 S.W. LIPE ST.
ARCADIA FL 34266-6615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3545424

Applied For
 Not Applicable

Zip **Country**

Zip **Country**

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

WOLF, ROBERT M P.A.
33 S.E. 4TH ST., STE. 102
BOCA RATON FL 33432

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.

SIGNATURE *Thomas B. Lipe*

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, 2002 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	LIPE, THOMAS B
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	VP <input type="checkbox"/> Delete
NAME	LIPE, JOHN W
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA FL 34266
TITLE	S <input type="checkbox"/> Delete
NAME	LIPE, PAULINE E
STREET ADDRESS	9080 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA FL 33-4266
TITLE	T <input type="checkbox"/> Delete
NAME	LIPE, JOHNNIE L
STREET ADDRESS	9090 S.W. LIPE STREET
CITY-ST-ZIP	ARCADIA FL 34266
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas B. Lipe* **4-8-02** **863-494-2198**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)