

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000105289**1. Entity Name  
40 ACRES AND A MULE, INC.

## Principal Place of Business

13331 WILD COTTON COURT

FORT MYERS  
33903

FL

## Mailing Address

13331 WILD COTTON COURT

FORT MYERS  
33903

FL

## 2. Principal Place of Business

5244 BIRDSONG LANE

## 3. Mailing Address

5244 BIRDSONG LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

BOKEELIA

FL

## City &amp; State

BOKEELIA

FL

Zip  
33922

Country

Zip  
33922

Country

## 4. FEI Number

65-0882042

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HARTMAN JEFF  
13331 WILD COTTON COURTFORT MYERS  
33903

FL

## 7. Name and Address of New Registered Agent

## Name

HARTMAN JEFF

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

5244 BIRDSONG LN

## City

BOKEELIA

FL

Zip Code  
33922

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

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

(NOTE: Registered Agent signature required when reinstating)

09/01/2001

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, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTMAN JEFF	
STREET ADDRESS	13331 WILD COTTON COURT	
CITY-ST-ZIP	FT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL NORMA H	
STREET ADDRESS	13331 WILD COTTON COURT	
CITY-ST-ZIP	FT MYERS FL 33903	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN JEFF	
STREET ADDRESS	5244 BIRDSONG	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: JEFF HARTMAN**

D

09/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)