

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 04, 2002 8:00 am**  
**Secretary of State**

06-04-2002 90221 038 \*\*\*150.00

DOCUMENT # **P 9 9 0 0 0 0 0 9 5 1 9**  
1. Entity Name  
**PARRISH HAY FARM INC.**

**868795**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**Route 2, Box 176-A**  
Suite, Apt. #, etc.

3. Mailing Address  
**Route 2, Box 176-A**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Lake Butler, Florida** City & State **Lake Butler, Florida** 4. FEI Number **59-3559078** Applied For  Not Applicable

Zip **32054** Country **USA** Zip **32054** Country **USA** 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Robert Ellis (Bobby) Parrish**  
Street Address (P.O. Box Number is Not Acceptable)  
**Route 2, Box 176-A**  
City **Lake Butler** **FL** Zip Code **32054**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>President</b>	NAME <b>Robert Ellis (Bobby) Parrish</b>	TITLE	
STREET ADDRESS <b>Rt. 2, Box 176-A</b>	CITY-ST-ZIP <b>Lake Butler, Florida 32054</b>	NAME	
TITLE <b>Secretary</b>	NAME <b>Robert Brett Parrish</b>	STREET ADDRESS	
STREET ADDRESS <b>Route 4, Box 3532</b>	CITY-ST-ZIP <b>Lake Butler, Florida 32054</b>	CITY-ST-ZIP	
TITLE <b>Treasurer</b>	NAME <b>Robert Ellis (Bobby) Parrish</b>	TITLE	
STREET ADDRESS <b>Rt. 2, Box 176-A</b>	CITY-ST-ZIP <b>Lake Butler, Florida 32054</b>	NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
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STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robert E. Parrish** 06/01/02 (386) 496-0681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)