## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000081628 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name FARM FEED & SUPPLY INC. 04-07-2000 90005 035 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 486 P O BOX 486 PALM CITY FL 34991-0486 PALM CITY FL 34991 00053816 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-094332 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 3398 SW BESSEY CREEK TRAIL PALM CITY FL 34991 City Zip Code FL 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition Delete TITLE TITLE HILL, SUSAN A NAME NAME STREET ADDRESS P O BOX 486 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34991 Change □ Addition TITLE ☐ Delete HILL, ROBERT E JR NAME NAME P O BOX 486 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34991 CITY-ST-ZIF ☐ Addition Change TiftE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplied entail 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 focuser or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or changed, or on an attachment with

with all other like empowered.

3/17/100 56/223/333 Daytime Phone #