

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90005 004 ***550.00

UBR 9800-117 45

DOCUMENT # 677044			
1. Entity Name R & A FARMS, INC.			
Principal Place of Business RT 1, BOX 9855 WEST BOYNTON ROAD BOYNTON BEACH FL 33437		Mailing Address RT 1, BOX 9855 WEST BOYNTON ROAD BOYNTON BEACH FL 33437	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2004335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

774597



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
AMESTOY, RICHARD B. RT 1 BOX 9855 BOYNTON BEACH FL 33437				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD AMESTOY, RICHARD B	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	AMESTOY, RICHARD B	NAME	
STREET ADDRESS	ROUTE 1, BOX 9855	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	S AMESTOY, KIM F	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	AMESTOY, KIM F	NAME	
STREET ADDRESS	C/O RT 1 BOX 9855	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED 8-10-01 561-732-082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)