

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90132 025 ***150.00

DOCUMENT # *Mock Farms, Inc.*
1. Entity Name
F93000005757 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
233 E Park Avenue
Suite, Apt. #, etc.
101

3. Mailing Address
P.O. Box 1077
Suite, Apt. #, etc.

City & State
Lake Wales, FL

City & State
Lake Wales

Zip
33853

Country
USA

Zip
33859

Country
USA

4. FEI Number
63-0683045

Applied For
 Not Applicable

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 *Arnold H Maeb*

Street Address (P.O. Box Number is Not Acceptable)
2660 Club House Dr.

City *Lake Wales* State *FL* Zip Code *33853*

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 *Arnold H Maeb*
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President Arnold H Maeb 2660 Club House Dr. Lake Wales, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V. President Huey A. Maeb P.O. Box 656 Robertsdale, AL 36567</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Arnold H Maeb* *Arnold H Maeb* *4/22/02* *8636780000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)