

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

000376

**DOCUMENT # H17273**

1. Entity Name  
**MID-FLORIDA FARMS INC.**

03-23-2001 90013 021 \*\*\*158.75

Principal Place of Business <b>% JOHN MICHAEL TRAYNOR, ESQ.</b> <b>28 CORDOVA ST</b> <b>ST AUGUSTINE FL 32084</b>	Mailing Address <b>% JOHN MICHAEL TRAYNOR, ESQ.</b> <b>28 CORDOVA ST</b> <b>ST AUGUSTINE FL 32084</b>
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00007200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6990 Sartori Ave.</b>	3. Mailing Address <b>6990 Sartori Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm Bay, FL</b>	City & State <b>Palm Bay, FL</b>
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4. FEI Number <b>59-2437125</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32909</b>	Country <b>USA</b>	Zip <b>32909</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TRAYNOR, JOHN MICHAEL, ESQ.</b> <b>28 CORDOVA STREET</b> <b>ST AUGUSTINE FL 32084</b>
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7. Name and Address of New Registered Agent Name <b>JAMES SARTORI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3100 N. Riverside Dr.</b> <b>Indialantic, FL 32903</b> City <b>FL</b> Zip Code
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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: *James Sartori* **James Sartori** **01/20/01**  
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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SARTORI, JAMES</b> <b>3100 N RIVERSIDE DRIVE</b> <b>INIALANTIC FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HUFF, WILLIAM C</b> <b>6990 SARTORI AVENUE</b> <b>PALM BAY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GARRETT, EUGENE T.</b> <b>6990 SARTORI AVE</b> <b>PALM BAY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William C. Huff* **William C. Huff** **01-20-01 (321) 768-2697**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)