FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90547 048 ***150.00

DOCUMENT # P0 3000 045894

1. Entity Name
MAGRUDER-SMITH FARMS, INC.

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14008103

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2. Principal Place of Business		3. Mailing Address	
1970 MICHIGAN AVE.		PO BOX 640829	
Suite, Apt. #, etc. BLDG C		Suite, Apt. #, etc.	
City & State COCOA, FLORIDA		City & State MERRITT IS. FLORIDA	
Zip 32922	Country BREVARD	Zip 32954	Country BREVARD

4. FEI Number 59-351-3342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name JOHN L. SOILEAU
Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVE
BLDG C
City COCOA, FLORIDA FL Zip Code 32922

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	TITLE	
NAME	BRIAN K. HAMILTON	NAME	
STREET ADDRESS	1970 MICHIGAN AVE BLDG C	STREET ADDRESS	
CITY-ST-ZIP	COCOA, FLA. 32922	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DIC. BRIAN K HAMILTON 04-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #