2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State DOCUMENT # P92000015303 1. Entity Name SPRINGHILL SILAGE, INC. 05-09-2002 90065 047 ***150.00 Principal Place of Business Mailing Address 3700A-100 N.W. 91ST STREET 3700A-100 N.W. 91ST STREET GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3156846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "HAUFLER," DALE E Street Address (P.O. Box Number is Not Acceptable) 3700A-100 N.W. 91ST STREET **GAINESVILLE FL 32606** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME HAUFLER, DALE E NAME STREET ADDRESS 3700A-100 N.W. 91ST STREET STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL 32606** CITY-ST-ZIP TITLE Đ ☐ Delete TITLE ☐ Change ☐ Addition NAME HAUFLER, DONALD R NAME STREET ADDRESS STREET ADDRESS 3700A-100 N.W. 91ST STREET CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

CITY-ST-7IP

SIGNATURE: .

CITY-ST-ZIP

FILED