

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90039-001-\$550.00-\$550.00

DOCUMENT # P99000062976

1. Entity Name
GREEN FIELD FARMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 PM 5:17

Principal Place of Business
114 PAULS DRIVE
BRANDON FL 33511

Mailing Address
114 PAULS DRIVE
BRANDON FL 33511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 Pauls Drive
Suite, Apt. #, etc.

3. Mailing Address
114 Pauls Drive
Suite, Apt. #, etc.

City & State
BRANDON, FLA

City & State
BRANDON, FLA

4. FEI Number
59-3593483

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
33511

Country
Highborough

Zip
33511

Country
Highborough

6. Name and Address of Current Registered Agent
RYALS, HARVEY JR
114 PAULS DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent
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 use 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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Harvey Ryals Jr. 114 Pauls Dr. BRANDON, FLA 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Harvey Ryals Jr. 114 Pauls Dr. BRANDON, FLA 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Peggy E. Jones 114 Pauls Dr. BRANDON, FLA 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peggy E. Jones 114 Pauls Dr. BRANDON, FLA 33511 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Harvey Jr. Ryals SIGNATURE REQUIRED 9/15-2000 875-086-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)