

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 454545

FILED
Jan 10, 2003
Secretary of State

Entity Name: SAPP FARMS, INC.

Current Principal Place of Business:

300 N. KROME AVE
BUILDING #1
FLORIDA CITY, FL 33034 US

Current Mailing Address:

P.O. BOX 901348
HOMESTEAD, FL 330901348 US

New Principal Place of Business:

300 N. KROME AVE
BUILDING #10
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 59-1585167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, STEVEN S
300 N KROME AVE BUILDING 1
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

SAPP, STEVEN S
300 N KROME AVE BUILDING 10
FLORIDA CITY, FL 33034 US

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:

01/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: SAPP, FRANK
Address: 973 NW 9TH STREET
City-St-Zip: HOMESTEAD, FL

Title: VD () Delete
Name: SAPP, EDWIN
Address: 19240 S.W. 312 STREET
City-St-Zip: HOMESTEAD, FL

Title: PD () Delete
Name: SAPP, STEVEN
Address: 27451 S.W. 170TH AVE.
City-St-Zip: HOMESTEAD, FL

Title: D () Delete
Name: BORGSCULTE, ELIZABETH
Address: 40 WINTHROP ROAD
City-St-Zip: LEXINGTON, MA 02421

Title: D () Delete
Name: WALLACE, EUGENIA
Address: 176 BESSIE ROAD
City-St-Zip: TAVERNIER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SAPP, EDWIN
Address: 2955 SE 4TH PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN S SAPP

PRES

01/10/2003

Electronic Signature of Signing Officer or Director

Date