FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 27, 2002 8:00 am DOCUMENT # 492867 **Secretary of State** 1. Entity Name 02-27-2002 90014 040 \*\*\*150.00 WARREN FARMS, INC. Principal Place of Business Mailing Address RT 1. BOX 207 RT 1. BOX 207 MONTICELLO FL 32344 MONTICELLO FL 32344 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1542377 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENRY, WARREN Street Addi RT. 1 BOX 207 MONTICELLO FL 32344 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot , 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) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)☐ Addition TITLE ☐ Delete WARREN, RONALD BRUCE NAME NAME CR2E034 STREET ADDRESS RT 1 BOX 482 STREET ADDRESS THOMASVILLE GA 31792 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Delete TITLE Addition TITLE WARREN MILTON E. LI Change 4058 BASSETT DAIRY ROAD MONTICELLO, FL. 32344 NAME NAME WARREN, MILTON E STREET ADDRESS STREET ADDRESS RT 1, BOX 207 CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL 32344 TITLE Delete TITLE ☐ Addition NAME NAME WARREN, HENRY M. STREET ADDRESS STREET ADDRESS RT 1, BOX 207 CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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