2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

492867 **DOCUMENT #**

1. Entity Name

WARREN FARMS, INC.



Mar 17, 2003 8:00 am \$ Secretary of State 203-17-2003 90699 007 *** **FILED**

03-17-2003 90688 007 ***150.00

							T. S.					
Principal Place of Business 4058 BASSETT DAIRY RD MONTICELLO FL 32344			4058	Mailing Address 4058 BASSETT DAIRY RD MONTICELLO FL 32344								
2. Principal Place of Business			3. Mai	3. Mailing Address				1 (50 .11 0.16 10 10110 11 88 1 1011 8 0.1111 1 5		 		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number 59-1542377			Applied For Not Applicable	
Zip		Country	Zip		Cour	ntry	.5	Gertificate of Status Desired	\$	8.75 Add	fitional d	
·· -	6. Name	and Address of Curre	nt Registere	ed Agent	·		7.	Name and Address of New Regi	stered Ag	jent		1
HENRY, WARREN						Name .						
-	VARREN SETT DAIR		Street Ac			dress (P.O. E	ess (P.O. Box Number is Not Acceptable)					
MONTICELLO FL 32344												
						City			FL	Zip Code		
	named entiti ions of regist		for the purp	ose of changing its	register	ed office or r	egistered ag	gent, or both, in the State of Florida	a. I am fai	miliar with,	and accept	
SIGNATURE.	Signature, typed	or printed-name of registered age	ant and title if app	olicable, {NOT	E: Registere	ed Agent signatur	e required when re	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finance Trust Fund Contribution.	ing 🗆		0 May Be I to Fees	
10.		OFFICERS AN		l	11.	······································	ΑC	L ODITIONS/CHANGES TO OFFICE	RS AND D	DIRECTORS	3 IN 11	1
TITLE	Р			☐ Delete	TITL	r				Change	☐ Addition	18
NAME	WARREN,	RONALD BRUCE		23 5000	NAN	AE				_ •		5
STREET ADDRESS	RT 1 BOX				STR	EET ADDRESS						
CITY-ST-ZIP	THOMAS	/ILLE GA 31792			CITY	Y-ST-ZIP						ا پا
TITLE	D			☐ Delete	TITL	.E			(Change	☐ Addition	٤
NAME		MILTON E			NAN							1
STREET ADDRESS		SETT DAIRY RD				EET ADDRESS						
CITY-ST-ZIP	MONTICE	LLO_FL_32344			-	r-ST-ZIP	\	 		<u> </u>		┨
TITLE	T	LIENION NA		☐ Delete	TITL				l	Change	☐ Addition	
NAME STREET ADDRESS		Hënry M. Sett dairy RD			NAM	EET ADDRESS						
CITY-ST-ZIP	MONTICE	LLO FL 32344				/-ST-ZIP		,				
TITLE				☐ Delete	TITL	F				Change	Addition	1
NAME				Delete	NAM		,		•			
STREET ADDRESS					STR	EET ADDRESS			•			
CITY-ST-ZIP					CITY	/-ST-ZIP						
TITLE				☐ Delete	TITL	E			[Change	Addition	
NAME					NAN	i						1
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						/-ST-2 P			-			1
TITLE				☐ Delete	TITL	- 1			Į	Change	Addition	
NAME STREET ADDRESS					NAM STR	EET ADDRESS						
CITY-ST-ZIP						(-ST-ZIP						
						1		.				1

12. 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 are in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.