

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90323 010 ***150.00

0471377

DOCUMENT # J39700

1. Entity Name

MEADOWGREEN FARMS, INC.

Principal Place of Business

**14016 ML KING HWY
 ALACHUA FL 32615
 US**

Mailing Address

**P O BOX 1857
 ALACHUA FL 32616
 US**

2. Principal Place of Business

14016 NW US HWY 441

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2738463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIGGINS, J. ARDENE

**1307
 EAST HIGHWAY 441
 ALACHUA FL 32615**

Name

Street Address (P.O. Box Number is Not Acceptable)

14016 NW US HWY 441

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 WIGGINS, J. ARDENE
 14016 ML KING HWY PO BOX 1857
 ALACHUA FL 32616**

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
14016 NW US HWY 441

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Ardene Wiggins 904-462-1476

Date

Daytime Phone #

CR2E034 (10/00)