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Secretary of State
05-03-2004 90664 004 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65431

1. Entity Name: Madder Farms Inc.

DO NOT WRITE IN THIS SPACE

94078341

2. Principal Place of Business	3. Mailing Address
789 Seven Street	5135 S. Nichol St.
Suite, Apt. #, etc.: Boca Grande	Suite, Apt. #, etc.: Tampa
City & State: Florida	City & State: Fla
Zip: 33921 Country: Lee	Zip: 33611-4135 Country: Hillsborough

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4. FEI Number: 59-278958 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Charles C. Whitaker II

Street Address (P.O. Box Number is Not Acceptable): 5135 S. Nichol Street

Tampa Fla

City: FL Zip Code: 33611-4135

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE ______

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary F Whitaker P.D. 5135 S. Nichol Street Tampa Fla 33611-4135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles C Whitaker II VPD 5135 S. Nichol Street Tampa Fla 33611-4135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles C Whitaker II S.T.D. 5004 W. Leona Tampa Fla 33629
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles C Whitaker II (Signature and typed or printed name of signing officer or director) April 23, 2004 (Date) Daytime Phone #