2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
02-28-2003 90038 049 ****50.00

DOCUMENT # L02000009243

1. Entity Name
BIPPUS FARMS, LLC

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
[redacted] MONTICELLO FL 32344	810 WEST WASHINGTON STREET MONTICELLO FL 32344
Lyndhurst Plantation	
2/ Principal Place of Business: 96 BiPPus Rd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenville Florida	City & State
Zip: 32331 Country: Jefferson	Zip / Country

4. FEI Number: 02-0594353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIPPUS, WILLIAM E JR. 810 WEST WASHINGTON STREET MONTICELLO FL 32344	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE Pres NAME Dr. W.E. Bippus STREET ADDRESS 96 Bippus Rd CITY-ST-ZIP Greenville FL 32331	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Dir NAME William E Bippus Jr STREET ADDRESS 810 W Washington St CITY-ST-ZIP Monticello FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Dir NAME Margaret Bippus STREET ADDRESS 284 Queens Ct CITY-ST-ZIP W. Palm Bch FL 33401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William E. Bippus, Jr. 2-26-03 850 997-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #