FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L94751

1. Entity Name
SILVERLEAF FARMS, INC.

DO NOT WRITE IN THIS SPACE

FILED
02 MAY -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3020 Hartley Road		3020 Hartley Road	
Suite, Apt. #, etc.: Suite 100		Suite, Apt. #, etc.: Suite 100	
City & State: Jacksonville, Fl		City & State: Jacksonville, Fl	
Zip: 32257	Country: Duval	Zip: 32257	Country: Duval

4. FEI Number: 59-3028297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NEWTON, CLIFFORD B.
Street Address (P.O. Box Number is Not Acceptable): 10192 San Jose Blvd
City: Jacksonville FL Zip Code: 32257

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. (NOT 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D/P
NAME	Hutson, David W
STREET ADDRESS	3020 Hartley Road #100
CITY-ST-ZIP	Jacksonville, Fl 32257
TITLE	D/S/T
NAME	Hutson, Nancy
STREET ADDRESS	3020 Hartley Road #100
CITY-ST-ZIP	Jacksonville, Fl 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] David W. Hutson 4/29/02 904/262-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #