2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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1. Entity Name

DAVINCI FARMS, L.C.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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rincipal Place of Business 11331 LONG RD. FORT MYERS FL 33905		Mailing Address P.O. BOX 7584 FT. MYERS FL 33911-	-			mg 4/18			
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Principal P	ace of Business	3. Mailing Address	Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	City & State	City & State		4. FEI Number 59-3289577 Applied For Not Applicable				
Zìp	Country	Zip	Coun	try	_5. Certi		\$5.00 Add		
	6. Name and Address of Cur	rent Registered Agent	1	I	7. Name	e and Address of New Registered			
				Name					
EBY, JEAI 11331 LO			Street Address		(P.O. Box Number is Not Acceptable)				
	S FL 33905	•						•	
				City		FL	Zip Cod	e	
. The above	named entity submits this stateme	int for the purpose of changing	its registere	ed office or registe	ered agent,	or both, in the State of Florida.			
IGNATURĘ "					• •	•			
	Signature, typed or printed name of registered	agent and title if applicable (N	NOTE: Registered	d Agent signature require	ed when reinstati	ing) DATE	· · · · · · · · · · · · · · · · · · ·		
		FILE	NOW!!! F	FEE IS \$50.00					
		Make Check	Payable to	o Department e	of State			Ì	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #