2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M68776 May 03, 2000 8:00 am Secretary of State 1. Entity Name GERALDSON FARMS, INC. 05-03-2000 90020 020 ***150.00 Principal Place of Business Mailing Address % ERIC P. GERALDSON % ERIC P. GERALDSON 1111 99TH ST. NORTHWEST 1111 99TH ST. NORTHWEST **BRADENTON FL 34209 BRADENTON FL 34209-9730** 2. Principal Place of Business 3. Mailing Address 1111 99 98 ST NE DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0099146 Not Applicable untry Country \$8.75 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERALDSON, ERIC P. Street Address (P.O. Box Number is Not Acceptable) 1111 99TH ST. NORTHWEST **BADENTON FL 34209** Zip Code City 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, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE GERALDSON, CARROLL M. NAME NAME 1111 99TH ST N.W. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP ☐ Addition □ Change ☐ Delete TITLE TITLE GERALDSON, GREGORY M. NAME NAME 1111 99TH ST N.W. STREET ADDRESS STREET ADDRESS BRADENTON FL CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE GERALDOSN, ERIC P. NAME 1111 99TH ST N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: MADY MED SUID OF THE D

april 24, 2000

941-792-9514