2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000054249

1. Entity Name

CELESTINE FARMS INC.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90161 016 ***150.00

FILED

Stick PELCAN ROAD FORT WERS FL 33912 2. Pincipal Place of Business Sarie, Apt. #, etc. Sinks Apt. #, etc. CHY & State City & State							No.	′					
Sulfa, Apt. 4, cloc	Principal Place of Business 8105 PELICAN ROAD FORT MYERS FL 33912			8105 PELICAN ROAD									
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WILLIFORD, DAVID **B105 PELICAN ROAD FORT MYERS FL 33912 City FL Zip Code **City FL		6 Name	and Address of Currer	nt Registere	ed Agent	L	[7.	Name and Address of New Regis	stered A	gent		
STICE ACCRESS (Y.O. BOX NUMBER IN NOT RECEIPTABLE) City FL Zip Code City FL Site of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Nepstered Agent signals resided when recreating DIA. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 200		O. Italiio	and realises or our or		gu		Name						
EAST MYERS FL 33912 City FL Zip Code													
Signature, hope or private farmed tregistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File NoWIII FEE IS \$150.00	4"			آهيا. سندسدي		, ₹`₹:		. =====		**	* ~ ~ ·		
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File NoWII FEE IS \$150.00	•						City	_		FL	Zip Cod	е	
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		Lcertify that the	information supplied w	ith this filing	does not qualify fo			Section	119.07(3)(i), Florida Statutes. I fur	ther certi	fy that the in	nformation	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-24-3</u>

239 478-5220