FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060647

1. Entity Name
D D FARMS, INC.

Principal Place of Business	Mailing Address
233 EAST BAY ST. STE 1010 JACKSONVILLE, FL 32202	233 EAST BAY ST. STE 1010 JACKSONVILLE, FL 32202

2. Principal Place of Business		3. Mailing Address	
4811 Atlantic Blvd		4811 Atlantic Blvd.	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc. 3	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207	Country Duval	Zip 32207	Country Duval

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3725137 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOOLITTLE, PAUL M
233 EAST BAY ST.
STE 733
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
4811 Atlantic Blvd. #3

City Jacksonville FL Zip Code 32207

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 Paul M. Doolittle — 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RILEY, HP 233 EAST BAY ST., STE 1010 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4811 Atlantic Blvd. #3 Jacksonville, FL 32207	☒ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. Patricia Riley — 4/28/03 — 904-396-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)