

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000130306

FILED
Sep 06, 2003
Secretary of State

Entity Name: STONEGATE FARMS, INC.

Current Principal Place of Business:

14432 BELMONT TRACE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

14432 BELMONT TRACE
WELLINGTON, FL 33414

New Mailing Address:

14366 BELMONT TRACE
WELLINGTON, FL 33414

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSWELL, ROBERT
14432 BELMONT TRACE
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSWELL, ROBERT
Address: 14432 BELMONT TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOSWELL, ROBERT
Address: 14366 BELMONT TRACE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Change (X) Addition
Name: BOSWELL, LISA
Address: 14366 BELMONT TRACE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA BOSWELL

VP

09/06/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date