2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

DOCUMENT # P93000019167 Jan 18, 2000 8:00 am Secretary of State 1. Entity Name ALDRIDGE FARMS, INC. 01-18-2000 90162 007 ***150.00 Mailing Address Principal Place of Business P.O. BOX 301 4018 LAKEWOOD DRIVE MANGO FL 33550-0301 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-3169744 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELDRIDGE, GEORGE T. Street Address (P.O. Box Number is Not Acceptable) 11509 E DR MARTIN LUTHER KING JR BLVD PO BOX 1187 MANGO FL 33550 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 Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition TITLE ☐ Delete · ALDRIDGE, GEORGE SR NAME NAME STREET ADDRESS STREET ADDRESS 11206 GIDDINGS ST. CITY-ST-ZIP CITY-ST-ZIP MANGO FL 33550-0069 ☐ Addition ☐ Change ☐ Delete TITLE TITLE **ELDRIDGE, GEORGE T** NAME NAME 11509 E. DR. M.L. KING JR. STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP MANGO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete - _ TITLE ALDRIDGE, PATRICIA J. NAME NAME 11206 GIDDINGS ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANGO FL 33550-0069 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete ALDRIDGE, GEORGE JR NAME NAME STREET ADDRESS 4018 LAKEWOOD DR. STREET ADDRESS MANGO FL 33550-0301 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.