

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000075113 1. Entity Name EAGLE ISLAND FARMS, INC.					
Principal Place of Business ROUTE 2 BOX 3641 19620 N CR 349 O'BRIEN, FL 32071-9622 US			Mailing Address 1421 MARY ANN AVE TIFTON, GA 31794 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3207307	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when instituting)					
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 D NAME HALL, JOSEPH S STREET ADDRESS RT. 4 BOX 475 CITY-ST-ZIP DONALSONVILLE, GA 31745	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE D NAME WIGHT, R P JR STREET ADDRESS 1421 MARY ANN AVENUE CITY-ST-ZIP TIFTON, GA 31794	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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 reports 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 entities.					
SIGNATURE: _____ 4-30-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90121034



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)