2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000028312

Entity Name: NOB FARMS, INC.

FILED Mar 03, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8624 LITHIA PINECREST LITHIA, FL 33547 **Current Mailing Address: New Mailing Address:** 8624 LITHIA PINECREST RD LITHIA, FL 33547 FEI Number: 59-3235537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKINNEY, PATRICIA J 8624 LITHIÁ PINECREST ROAD LITHIA, FL 33547 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCKINNEY, PATRICIA J MCKINNEY, PATRICIA J Name: Name: 9920 ADAMO DR. 8624 LITHIA PINECREST ROAD Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: LITHIA, FL 33547 Title: Title: () Delete (X) Change () Addition Name: MCKINNEY, DANA Name: GIBSON, DANA M 9920 ADAMO DR. 10112 SEDGEBROOK DRIVE Address: Address: RIVERVIEW, FL 33569 US City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Delete () Change (X) Addition GIBSON, TIM S Name: Name: 10112 SEDGEBROOK DRIVE Address Address: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 US Title: () Delete Title: () Change (X) Addition ATCHISON, BILLY W Name: Name: Address: Address: P.O. BOX City-St-Zip: City-St-Zip: LITHIA, FL 33547 US Title: Title: () Change (X) Addition () Delete ATCHISON, KATHLINDA Name: Name: Address: Address: 808 OLD WELCOME ROAD City-St-Zip: City-St-Zip: LITHIA, FL 33547 US Title: () Delete Title: () Change (X) Addition Name: Name: ATCHISON, TIM E 9921 COUNTRY CARRIAGE CIRCLE Address: Address: City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 US

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: PATRICIA J. MCKINNEY PRES 03/03/2003