

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90189 008 ***150.00

DOCUMENT # P95000079098

1. Entity Name
PEURIFOY FARMS, INC.



Principal Place of Business
**205 115TH STREET NORTHEAST
BRADENTON FL 34202**

Mailing Address
**1884 59TH STREET WWEST
BRADENTON FL 34209
US**

2. Principal Place of Business
**785 Ohio Av
Suite, Apt. #, etc.
3F**

3. Mailing Address
**785 Ohio Av
Suite, Apt. #, etc.
3F**

City & State
**Clarksdale ms
Zip 38614 Country US**

City & State
**Clarksdale ms
Zip 38614 Country US**

4. FEI Number **65-0627782**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEURIFOY, BRENDA V
205 115TH STREET NORTHEAST
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **James D. Gentile**
Street Address (P.O. Box Number is Not Acceptable)
**785 Ohio Av SE
4855 27th St W
City Bradenton FL Zip Code 34207**

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 **James D. Gentile**

DATE **4/9/03**

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEURIFOY, BRENDA V 205 115TH STREET NORTHEAST BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEURIFOY, J T 205 115TH STREET NORTHEAST BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **STON RUFF REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

328.03 662-624-5026
Date Daytime Phone #

CR2E034 (10/02)