2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000005927 DOCUMENT # 1. Entity Name



01-09-2003 90063 045 ***150.00

REDISH FARMS, INC. Principal Place of Business Mailing Address 300 S. BOND ST. 300 S. BOND ST. CLEWISTON FL 33440 CLEWISTON FL 33440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0641620 Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCRACKEN, JOHN B Street Address (P.O. Box Number is Not Acceptable) STE. 1100, 505 S. FLAGLER DR. WEST PALM BEACH FL 33401-3475 City 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 SIGNATURE (NOTE: Registered Agent sig ad when reinstating) FILE NOW!!! FEE IS \$150.00 Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. NS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE REDISH, ERNEST NAME NAME STREET ADDRESS 300 S. BOND ST. STREET ADDRESS CITY-ST-ZIP CLEWISTON FL 33440 CR2E034 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY_ST_ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE . Ch<u>ange</u> ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #