

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-22-2001 90021 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000092402**

1. Entity Name

Leading Edge Farms Inc.

Principal Place of Business

Mailing Address

16601 Singletary Rd. (Same)
Myakka City FL 34251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0903594

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Dianne M. Robinson
16601 Singletary Rd.
Myakka City FL 34251
Name **Dianne M. Robinson**

Street Address (P.O. Box Number is Not Acceptable)

16601 Singletary Rd.City **Myakka City** FL Zip Code **34251**

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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back) ☒
FILE NOW! FEE IS \$150.00
MAY 1, 2001 Fee will be \$500.00
Not Priced Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

 TITLE **PRESIDENT** ☐ Delete
 NAME **Dianne M. Robinson**
 STREET ADDRESS **16601 Singletary Rd.**
 CITY-ST-ZIP **Myakka City FL 34251**

 TITLE **Sec.** ☐ Delete
 NAME **Dianne M. Robinson**
 STREET ADDRESS **16601 Singletary Rd.**
 CITY-ST-ZIP **Myakka City FL 34251**

 TITLE **Treas.** ☐ Delete
 NAME **Dianne M. Robinson**
 STREET ADDRESS **16601 Singletary Rd.**
 CITY-ST-ZIP **Myakka City FL 34251**

 TITLE **Vice President** ☐ Delete
 NAME **Dianne Robinson**
 STREET ADDRESS **16601 Singletary Rd**
 CITY-ST-ZIP **Myakka City FL 34251**

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 filers empowered.

SIGNATURE

Dianne M. Robinson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/01)