

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90020 025 \*\*\*550.00

**DOCUMENT # S58184**

1. Entity Name

**TRIANGLE B FARMS, INC.**

Principal Place of Business

**MISSISSIPPI**  
**2776 LITTLE ROCK DECATUR RD**  
**DECATUR MS 39327**  
**US**

Mailing Address

**P.O BOX 639**  
**DECATUR EN 39327**  
**US**

2. Principal Place of Business

3. Mailing Address

**2116 Beeline Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Decatur, MS**

Zip

Country

Zip

Country

**39327**

**USA**

4. FEI Number

**59-3072406**

Applied For

☒ Not Applicable

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

**DRASTO, WILLIAM**  
**33 N LAKESHORE BLVD**  
**LAKE WALES FL 33853**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
**PTD**  
**BROWN, ROGER R.**  
**2116 BEELINE RD.**  
**DECATUR MS 39327**

TITLE ☐ Change ☐ Addition  
**2116 Beeline Road**

TITLE ☐ Delete  
**SD**  
**BROWN, MARGIE L**  
**2116 BEELINE RD**  
**DECATUR MS 39327**

TITLE ☐ Change ☐ Addition  
**2116 Beeline Road**

TITLE ☐ Delete  
**D**  
**BROWN, BRADD S.**  
**7995 HANNAH RD.**  
**WINSTON GA 30187**

TITLE ☐ Change ☐ Addition  
**2116 Beeline Road**

TITLE ☐ Delete  
**D**  
**BROWN, JEFFREY TODD**  
**2776 LITTLE ROCK/DECATUR RD**  
**DECATUR MS**

TITLE ☐ Change ☐ Addition  
**2776 Little Rock / Decatur Rd.**  
**Decatur, MS 39327**

TITLE ☐ Delete  
**PTD**  
**BROWN, ROGER R.**  
**2116 BEELINE RD.**  
**DECATUR MS 39327**

TITLE ☐ Change ☐ Addition  
**2116 Beeline Road**

TITLE ☐ Delete  
**SD**  
**BROWN, MARGIE L**  
**2116 BEELINE RD**  
**DECATUR MS 39327**

TITLE ☐ Change ☐ Addition  
**2116 Beeline Road**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**MARGIE L. BROWN**

**9-01-01 601-635-5775**

Date

Daytime Phone #

CR2E034 (5/01)

Triangle B Farms, Inc.  
2216 BeeLine Road  
Decatur, MS 39327

Attachment  
#558184  
C0070376

Fl Dept. of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

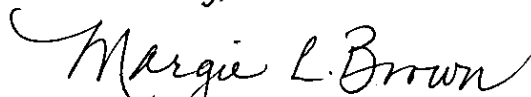
Dear Sir:

On February 23, 2001 our corporation mailed a check for \$150.00 and the Business Report necessary for this year.

After receiving your second notice I became aware that my check had not been cashed and apparently the form had not been received. Enclosed is the payment necessary to now register us, but I wanted to go on record stating my case so that when the payment finally does get there from the postal system, possibly my money could be refunded.

I have also enclosed a copy of the first Business Report I sent in as well as a copy of my check register where I wrote the check out. I understand you can't help the fact that you didn't receive it and therefore request your understanding in this situation.

Sincerely,



Margie L. Brown  
Secretary/Treasurer  
Triangle B Farms Inc.

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33 N LAKESHORE BLVD  
LAKE WALES FL 33853

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD BROWN, ROGER R. 2116 BECLINE RD. DECATUR MS 39327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BROWN, MARGIE L 2116 BECLINE RD DECATUR MS 39327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, BRADD S. 7995 HANNAH RD. WINSTON GA 30187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROWN, JEFFREY TODD 2776 LITTLE ROCK/DECATUR RD DECATUR MS	<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

12. 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2776 Little Rock/Decatur Rd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margie L Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01

Date

601-635-5775

Telephone #

Attachment

C60716376

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

2)  $\text{C}_{10}\text{H}_8\text{O}_2$  144.16 g/mol

001563565100111		BALANCE BROUGHT FORWARD	
2306			
DATE Feb 23, 2001			
PAY TO Division of Corp.			
Uniform Business Report			
Filing			
FOR			
2/23 US Postmaster check # 2801		TOTAL	
		THIS CHECK	1360
		OTHER TRANS +/-	15000
TAX DEDUCTIBLE <input type="checkbox"/>		BALANCE	