2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S58184 **DOCUMENT#**

1. Entity Name

SIGNATURE: S

TRIANGLE B FARMS, INC.



FILED Feb 07, 2003 8:00 am Secretary of State , 02-07-2003 90078 036 ***150.00

Principal Place of Business MISSISSIPPI 2776 LITTLE ROCK DECATUR RD DECATUR MS 39327 US		Mailing Address 2116 BEELINE ROAD DECATUR MS 39327 US			:				
2. Principal Place of Business		3. Mailing Address					451 84811 81841 85815 8		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e	City & State		4. 1	FEI Number 59-3072406	⊢	pplied For at Applicable		
Zip	Country	Zip	Count	гу	5. (Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. 1	7. Name and Address of New Registered Agent			
DRASTO, WILLIAM				Name					
	ESHORE BLVD		Street Addres		ess (P.O. B	(P.O. Box Number is Not Acceptable)			
LAKE WA	LES FL 33853								
				City			Zip Cod	e	
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									
· · · · · · · · · · · · · · · · · · ·									
** After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	_ +	May Be I to Fees		
10. OFFICERS AND DIRECTORS			11.		AD	L DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWN, ROGER R. 2116 BEELINE ROAD DECATUR MS 39327	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, MARGIE L 2116 BEELINE RD DECATUR MS 39327	MARGIE L ELINE RD		ET ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Brown, Bradd S. 7995 Hannah Rd. Winston Ga 30187	H RD.		ET ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JEFFREY TODD 2776 LITTLE ROCK/DECATUR F DECATUR MS 39327	ROCK/DECATUR ROAD		ET ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver of trustee emp or on an attachment with an address,	is true and accurate and that r	my signat	ure shall have	the same I	legal effect as if made under oath; that	at I am an officer	or director	

601-635-5775