2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266329 Feb 20, 2000 8:00 am Secretary of State EVERGLADES FARM EQUIPMENT CO., INC. 02-20-2000 90055 027 ***150.00 Mailing Address Principal Place of Business STATE ROAD 715 NORTH STATE ROAD 715 NORTH P O BOX 910 P O BOX 910 BELLE GLADE FL 33430-0910 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1000566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHLECHTER, JOHN O Street Address (P.O. Box Number is Not Acceptable) **NORTH CHOSEN RD BELLE GLADE FL 33430** Zip Code FL 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE SCHLECHTER, MARY R. NAME STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL** Change ☐ Addition Delete TITLE TITLE SCHLECHTER.JOHN NAME NAME STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL ☐ Change ☐ Addition ☐ Delete TITLE SCHLECHTER ELEANOR NAME NAME STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE FL ☐ Change ☐ Addition □ Delete TITLE SCHLECHTER, ELEANOR NAME NAME STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BELLE GLADE FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 of trustee empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all

2-14-00

561-996-653