2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am **DOCUMENT # 266329 Secretary of State** 1. Entity Name EVERGLADES FARM EQUIPMENT CO., INC. 02-28-2001 90131 029 ***150.00 Principal Place of Business Mailing Address STATE ROAD 715 NORTH STATE ROAD 715 NORTH P O BOX 910 P O BOX 910 BELLE GLADE FL 33430 BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1000566 Not Applicable Zip Country Zip 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 Name SCHLECHTER.JOHN O Street Address (P.O. Box Number is Not Acceptable) NORTH CHOSEN RD BELLE GLADE FL 33430 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE M Addition Michael L. Schlechter State Road 715 North Belle Glode, FL 33430 NAME SCHLECHTER, MARY R. NAME STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP BELLE GLADE FL TITLE Delete Change ☐ Addition TITLE SCHLECHTER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS STATE ROAD 715 NORTH CITY-ST-ZIP CITY-ST-7IP BELLE GLADE FL TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME SCHLECHTER, ELEANOR NAME STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete SCHLECHTER.ELEANOR NAME NAME STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BELLE GLADE FL TITLE ... Delete TITLE ___ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 a address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Changed, or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/2/01

561-9910-6531

Daytime Phone #

Change

■ Addition

;R2E034 (10/00)