FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am 266329 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90092 008 ***150.00 EVERGLADES FARM EQUIPMENT CO., INC. 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 Applied For City & State City & State 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. Ż SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE TITLE Change ☐ Delete NAME SCHLECHTER, MARY R. NAME STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHLECHTER, JOHN NAME STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHLECHTER, ELEANOR STREET ADDRESS STATE ROAD 715 NORTH STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition SCHLECHTER, ELEANOR NAME STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change SCHLECHTER, MICHAEL STATE ROAD 715 NORTH STREET ADDRESS STREET ADDRESS **BELLE GLADE FL 33430** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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