## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## 266329 **DOCUMENT #**

1. Entity Name

CITY-ST-ZIP

**SIGNATURE:** 

EVERGLADES FARM EQUIPMENT CO., INC.

Principal Place of Business STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE FL 33430			Mailing Address STATE ROAD 715 NORTH P O BOX 910 BELLE GLADE FL 33430									
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	59-1000566			plied For t Applicable	
Zip	Zip Country				ntry	5.	Certificate of Status Desired	\$8.75 Additional Fee Required				
6. Name and Address of Current F				gistered Agent			7. Name and Address of New Registered Agent					
						Name						
SCHLECHTER, JOHN O				Street Address			(D.O. D	(P.O. Box Number is Not Acceptable)				
NORTH CHOSEN RD				Street Address			ess (P.O. B	warmber is not Acceptable)				
BELLE GL	ADE FL 33	430										
						City			<b>-L</b>	Zip Code	÷	
8. The above the obliga	e named entit tions of regis	y submits this statement fo tered agent.	r the purp	ose of changing its	register	ed office or re	gistered ag	ent, or both, in the State of Florida.	am famili	ar with,	and accept	
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. Election Campaign Financing	,	\$5.0	<b>0</b> May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				tate				Trust Fund Contribution.			to Fees	
10,		OFFICERS AND	DIRECTO	I IRS	11.		AD	L DDITIONS/CHANGES TO OFFICERS A	AND DIR	ECTORS	S IN 11	
TITLE	VP		-	☐ Delete	TITLE					Change	☐ Addition	
NAME		TER, MARY R.			NAM	E						
STREET ADDRESS		AD 715 NORTH				ET ADDRESS						
CITY-ST-ZIP	BELLE GL	ADE FL			CITY	-ST-ZIP						
TITLE	P			Delete	TITLE					Change	Addition	
NAME		TER, JOHN			NAM							
STREET ADDRESS CITY-ST-ZIP		AD 715 NORTH				ET ADDRESS -ST-ZIP						
· ·	BELLE GL	AUE .TL			- 1		÷					
TITLE NAME	S SCUI ECU	TER,ELEANOR		☐ Delete	: TITLE					Change	Addition	
STREET ADDRESS		AD 715 NORTH				ET ADDRESS						
CITY-ST-ZIP	BELLE GL					-ST-ZIP						
TITLE.	T			☐ Delete	TITLE	:				Change	Addition	
NAME	SCHLECH	TER,ELEANOR		L DOICIC	NAM				٠.	onungo		
STREET ADDRESS		AD 715 NORTH			STRE	ET ADDRESS						
CITY-ST-ZIP	BELLE GL				CITY	- ST - ZIP					ļ	
TITLE	VP			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	SCHLECH	TER, MICHAEL			NAM	E			_	·	_	
STREET ADDRESS		AD 715 NORTH			STRE	ET ADDRESS					}	
City-St-ZIP	BELLE GL	ADE FL 33430			CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE		·			Change	Addition	
NAME STREET ADDRESS	Ì				NAME						1	
OTHEET WINDINESS	ı				■ STRE	ET ADDRESS					- 1	

CITY-ST-ZIP

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90134 042 \*\*\*150.00

12. 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other ke empowered.