

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90004 043 \*\*\*150.00

0045336

**DOCUMENT # 353374**

1. Entity Name  
**DOUGLASS FERTILIZER & CHEMICAL, INC.**

Principal Place of Business <b>1180 SPRING CENTRE S. BLVD.          SUITE 102          ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>1180 SPRING CENTRE S. BLVD.          SUITE 102          ALTAMONTE SPRINGS FL 32714</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-1274972</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DOUGLASS, SPENCER G.  
 2510 KIOWA TRAIL  
 FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HODGES, JOSEPH D 1653 GREEN MEADOW LANE ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOS DOUGLASS, SPENCER G 2510 KIOWA TRAIL FERN PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HODGES, JOSEPH D. 8655 GLYBORNE COURT ORLANDO, FL. 32825</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOS DOUGLASS, SPENCER G 965 BEARDED OAK TERRACE LONGWOOD, FL. 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *Spencer G. Douglas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-23-01** Daytime Phone #: **407-682-6100**

CR2E034 (10/00)



attachment  
D# 353374  
637758

1180 SPRING CENTRE SOUTH BLVD. SUITE 102 ALTAMONTE SPRINGS, FL 32714-5015  
PHONE 407-682-6100 FAX 407-682-6693

February 19, 2001

Florida Dept. of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: —Document Number:—353374  
Change of Address for Registered Agent and Officers

Dear Sirs:

Please change the following address:

REGISTERED AGENT:

**FROM:**  
DOUGLASS, SPENCER G.  
2510 KIOWA TRAIL  
FERN PARK FL 32730

**TO:**  
DOUGLASS, SPENCER G.  
965 BEARDED OAKS TERRACE  
LONGWOOD FL 32779

OFFICER/DIRECTOR DETAIL

**FROM:**  
HODGES, JOSEPH D  
1653 GREEN MEADOW LAND  
ORLANDO FL

**TO:**  
HODGES, JOSEPH D.  
8655 GLYBORNE CT  
ORLANDO FL 32825

DOUGLASS, SPENCER G.  
2510 KIOWA TRAIL  
FERN PARK FL

DOUGLASS, SPENCER G.  
965 BEARDED OAKS TERRACE  
LONGWOOD FL 32779

Thank you for your assistance in handling this matter for Douglass Fertilizer & Chemical, Inc. If you have any questions, please call me at 407-682-6100 ext. 307.

Sincerely,

Jeanne K. Lomneck  
Credit Manager