

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90087 028 ***150.00

DOCUMENT # 498273

1. Entity Name
INDEPENDENT AG, INC.

Principal Place of Business Mailing Address
P O BOX 766567 P O BOX 677567
ORLANDO FL 32867 ORLANDO FL 32867-7567
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1673230** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, JESSE
209 N. GOLDENROD RD
ORLANDO FL 32867

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 _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOTEN, JESSE	
STREET ADDRESS	72 NORTH AVE	
CITY-ST-ZIP	FROST PROOF FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, DON	
STREET ADDRESS	312 BUENA VISTA DR.	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUNNO, W CHAMP	
STREET ADDRESS	1010 CITRUS AVE	
CITY-ST-ZIP	HAINES CITY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCH, GREG	
STREET ADDRESS	335 NE WATULA AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, KEITH	
STREET ADDRESS	194 WILL DUKE RD	
CITY-ST-ZIP	WACHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, TOM	
STREET ADDRESS	HWY 17 92 AT SR 419	
CITY-ST-ZIP	SANFORD FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *Jesse Wooten* **SIGNATURE REQUIRED** **1/13/2000** **941-635-2281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)