

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90137 022 \*\*\*150.00

**DOCUMENT # 498273**



1. Entity Name  
**INDEPENDENT AG, INC.**

Principal Place of Business  
**P O BOX 766567**  
**ORLANDO FL 32867**  
**US**

Mailing Address  
**P O BOX 677567**  
**ORLANDO FL 32867**  
**US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1673230**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOTEN, JESSE**  
**209 N. GOLDENROD RD**  
**ORLANDO FL 32867**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jesse M. Wooten*

(NOTE: Registered Agent signature required when reinstating)

*2/3/03*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P WOOTEN, JESSE**  
STREET ADDRESS **3201 S. SCENIC HWY**  
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D WEBB, DON**  
STREET ADDRESS **312 BUENA VISTA DR.**  
CITY-ST-ZIP **LAKE ALFRED FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD TUNNO, W CHAMP**  
STREET ADDRESS **1010 CITRUS AVE**  
CITY-ST-ZIP **HAINES CITY, FL 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D DAVIS, KEITH**  
STREET ADDRESS **194 WILL DUKE RD**  
CITY-ST-ZIP **WACHULA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D MOORE, TOM**  
STREET ADDRESS **HWY 17 92 AT SR 419**  
CITY-ST-ZIP **SANFORD FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or 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 like empowered.

SIGNATURE:

*Jesse M. Wooten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/03*  
Date

Daytime Phone #

CR2E034 (10/02)