

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90004 043 ***150.00

DOCUMENT # F00000007251

1. Entity Name

UNITED STATES AGRISERVICES, INC.

Principal Place of Business

Mailing Address

118 PARK LAKE AVE
 AVON PARK FL 33825

118 PARK LAKE AVE
 AVON PARK FL 33825

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

58-2559820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DISTEFANO, GLEN J
118 SOUTH LAKE AVE.
AVON PARK FL 33825

Name **GLEN J. DISTEFANO**

Street Address (P.O. Box Number is Not Acceptable)
118 S. LAKE AVE.

City **AVON PARK** FL **33825**

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]
 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WELBORN, CHARLES	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 118 SOUTH LAKE AVE		STREET ADDRESS:	
CITY-ST-ZIP: AVON PARK FL		CITY-ST-ZIP:	
NAME: LORKE, MARY J	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 118 SOUTH LAKE AVE		STREET ADDRESS:	
CITY-ST-ZIP: AVON PARK FL		CITY-ST-ZIP:	
NAME: GAINES, BOB	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 118 SOUTH LAKE AVE		STREET ADDRESS:	
CITY-ST-ZIP: AVON PARK FL		CITY-ST-ZIP:	
NAME: SANFORD, FRED	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 118 SOUTH LAKE AVE		STREET ADDRESS:	
CITY-ST-ZIP: AVON PARK FL		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01

863-452-5525

CR2E034 (1/0/00)