

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90349 001 ***476.25

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DOCUMENT # F00000007251

1. Entity Name
UNITED STATES AGRISERVICES, INC.

Principal Place of Business Mailing Address
118 PARK LAKE AVE **118 PARK LAKE AVE**
AVON PARK FL 33825 **AVON PARK FL 33825**

10862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number Applied For
58-2559820 Not Applicable

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			
DISTEFANO, GLEN J 118 SOUTH LAKE AVE. AVON PARK FL 33825				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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			
TITLE	P	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WELBORN, CHARLES		NAME	JAMES C. DAYVAULT			
STREET ADDRESS	118 SOUTH LAKE AVE		STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP	AVON PARK, FL 33825			
TITLE	V	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LORKE, MARY J		NAME	MARY JANE YORKE			
STREET ADDRESS	118 SOUTH LAKE AVE		STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP	AVON PARK FL 33825			
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GAINES, BOB		NAME	ROBERT GAINES			
STREET ADDRESS	118 SOUTH LAKE AVE		STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP	AVON PARK, FL 33825			
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SANFORD, FRED		NAME	FRED SANDLIN			
STREET ADDRESS	118 SOUTH LAKE AVE		STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP	AVON PARK, FL 33825			
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME	CHARLES WELBORN, JR			
STREET ADDRESS			STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP			CITY-ST-ZIP	AVON PARK, FL 33825			
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			NAME	GLEN J. DISTEFANO			
STREET ADDRESS			STREET ADDRESS	118 SOUTH LAKE AVE			
CITY-ST-ZIP			CITY-ST-ZIP	AVON PARK, FL 33825			

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]* 1/8/02 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)