

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90088 010 ***158.75

DOCUMENT # M76543

1. Entity Name

U.S. AGRI-CHEMICALS CORPORATION

Principal Place of Business

3225 STATE ROAD 630 WEST
 FORT MEADE FL 33841

Mailing Address

3225 STATE ROAD 630 WEST
 FORT MEADE FL 33841

00070711



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

62-1380532

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

HELMS, ERNEST E.
3225 STATE ROAD 630 WEST
FORT MEADE FL 33841

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)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, MALCOLM S. 3225 STATE RD 630 WEST FT MEADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHEN, XIANG YUAN 3225 STATE RD 630 WEST FT MEADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HELMS, ERNEST E. 3225 SR 630 W FT MEADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CHAN MAN, NGOK 3225 STATE ROAD 630 WEST FT. MEADE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DU, KE PING 3225 STA RD 630 WEST FT. MEADE FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SHEN, ZU MING 3225 STATE ROAD 630 WEST FT. MEADE FL 33841	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUI, GUANGQING 3225 State Road 630 West Fort Meade, Florida 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SHEN, XIANG YUAN 3225 State Road 630 West Fort Meade, Florida 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>No Change</i> <i>E. Helms, Sec. 4/4/01</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, GUOGANG 3200 State Road 630 West Fort Meade, Florida 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Connected / E. Helms, Sec 4/4/01</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WANG, KEQIANG 3225 State Road 630 West Fort Meade, Florida 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANG, HONGJUN 3225 State Road 630 West Fort Meade, Florida 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD BOUTWELL, RONNIE W. 3225 State Road 630 West Fort Meade, Florida 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (10/00)

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: *Ernest E. Helms, Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01 *863 285 8121*
 Date Daytime Phone #