

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90293 004 ***150.00

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DOCUMENT # P28967

1. Entity Name
AGRICULTURAL PRODUCTS, INC.



Principal Place of Business
P.O. BOX 3760
#5001 E PHILADELPHIA
ONTARIO CA 91761

Mailing Address
P.O. BOX 3760
#5001 E PHILADELPHIA
ONTARIO CA 91761

11019493



2. Principal Place of Business
1450 E. FRANCIS ST
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 3760
Suite, Apt. #, etc.
1450 E FRANCIS ST.

City & State
ONTARIO, CA

City & State
ONTARIO, CA

4. FEI Number **95-2925074**

Applied For
Not Applicable

Zip **91761** Country **USA**

Zip **91761** Country **USA**

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

6. Name and Address of Current Registered Agent

PUTNAM, THOMAS B., ESQ.
%PETERSON & MYERS
141 5TH STREET, N.W., STE. 300
WINTER HAVEN FL 33883-7608

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 **PD** ☒ Delete
NAME **DAVEY, CHRIS**
STREET ADDRESS **5001 E. PHILADELPHIA**
CITY-ST-ZIP **ONTARIO CA**

TITLE **PD** ☒ Change ☐ Addition
NAME **DAVE ABRAMS**
STREET ADDRESS **1450 E. FRANCIS ST**
CITY-ST-ZIP **ONTARIO, CA 91761**

TITLE **VP** ☐ Delete
NAME **THORESEN, TRYOVE M**
STREET ADDRESS **21250 HAWTHORNE BLVD., SUITE 500**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WALBRUN, PAUL A**
STREET ADDRESS **21250 HAWTHORNE BLVD., SUITE 500**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: DAVID B. ABRAMS 4/17/03 909395-5232
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)