

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000026808 (3)**

1. Corporation Name

UNITED AGRICULTURAL SERVICES OF AMERICA, INC.



Principal Place of Business

**8721 CASPER AVE
HUDSON FL 34667**

Mailing Address

**8721 CASPER AVE
HUDSON FL 34667**

2. Principal Place of Business

2a. Mailing Address

21 **8721 Casper Ave.**

26 **8721 Casper Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Hudson FL**

28 **Hudson FL**

Zip

Country

Zip

Country

24 **34667**

25 **Pasco.**

29 **34667**

30 **Pasco.**

9. Name and Address of Current Registered Agent

**PECSENKA, MARK A
8309 GULFWAY
HUDSON FL 34667**

→ **changed Address.**

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

08/31/1995

4. FEI Number

65-0480670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

PECSENKA MARK A.

82 Street Address (P.O. Box Number is Not Acceptable)

7076 Toledo Rd.

83

84 City

Spring Hill

FL

85 Zip Code

34606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **MARK PECSENKA D. & President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing)

MARCH 12-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PECSENKA, MARK A**
STREET ADDRESS **7076 TOLEDO RD.**
CITY-ST-ZIP **SPRING HILL FL 34667**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **PECSENKA MARK A.**
1.3 STREET ADDRESS **7076 Toledo Rd.**
1.4 CITY-ST-ZIP **Spring Hill FL 34606**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mark Pecsenka**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-96 813 861 7710
DATE Daytime Phone #

CR2E034 (12/95)