## 2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered of

SIGNATURE AND TYPED OR PRINTED NAME OF

changed, or on an attachment with an address

SIGNATURE:

## Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P96000049827 1. Entity Name AGRIMOND, INCORPORATED. 02-04-2000 90028 001 \*\*\*635.00 Principal Place of Business Mailing Address 8910 ASTRONAUT BLVD. 8910 ASTRONAUT BLVD. CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920-4225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3385637 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERAN, ALFREDO J Street Address (P.O. Box Number is Not Acceptable) 808 WEST CENTRAL BOULEVARD CAPE CANAVERAL FL 32920 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE TERAN, ALFREDO J NAME NAME STREET ADDRESS 808 W CENTRAL BLVD STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE DEEKS, PETER C NAME NAME STREET ADDRESS 4155 CROOKD MILE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Delete TITLE ☐ Change Addition TITLE WOOD, RICHARD C NAME NAME 255 BANANA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HARGROVE, ARTHUR JR NAME NAME 1711 WALLER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HUNTSVILLE AL 35801** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE SHERARD, MARCO J NAME NAME 4780 YUMA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32953** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director due this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing

empowered.

IG OFFICER OR DIRECTOR

**FILED**