

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90107 039 ***150.00

DOCUMENT # P97000095415

1. Entity Name
A T P AGRI-SERVICES, INC.



Principal Place of Business
**1968 RAMON PETTEWAY RD
WAUCHULA FL 33873**

Mailing Address
**1968 RAMON PETTEWAY RD
WAUCHULA FL 33873**

2. Principal Place of Business

1968 Ramon PetteWAY Rd
Suite, Apt. #, etc.

3. Mailing Address

1968 Ramon PetteWAY Rd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
2060 Springs FL

City & State
2060 Springs

4. FEI Number **65-0794406**

Applied For
Not Applicable

Zip
33890 FL

Country

Zip

33890

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCKIBBEN, JEFF J ESQ.
106 S 5TH AVE, STE B
WAUCHULA FL 33873**

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

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

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PACE, EARL
1968 RAMON PETTEWAY RD
WAUCHULA FL 33873** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PACE, LEWIS
1968 RAMON PETTEWAY RD
WAUCHULA FL 33873** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PACE, ANDREW
1968 RAMON PETTEWAY RD
WAUCHULA FL 33783** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 (863) 781-1318
Date Daytime Phone #

CR2E034 (10/02)