

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90050 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 142303**

1. Entity Name  
**DIAMOND R FERTILIZER CO., INC.**

Principal Place of Business <b>4100 GLADES ROAD          FT. PIERCE FL 34981-4711</b>	Mailing Address <b>4100 GLADES ROAD          FT. PIERCE FL 34981-4711</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-0593514</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**MAROVICH, PETER  
 4100 GLADES ROAD  
 FT PIERCE FL 34981**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE	<input type="checkbox"/> Delete
NAME	<b>T RUSSAKIS, JIM G</b>
STREET ADDRESS	<b>8801 INDRIO RD</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P BURDESHAW, BEN E</b>
STREET ADDRESS	<b>1910 SW 34D AVE</b>
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>EVP MAROVICH, PETE</b>
STREET ADDRESS	<b>1801 OLD EAGLE LAKE RD</b>
CITY-ST-ZIP	<b>BARTOW FL 33830</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Roy Childs</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<b>MIKE MIKLOS</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>Roy Childs</b>
CITY-ST-ZIP	<b>700 SE Federal Highway Ste 200</b>
	<b>STUART FLORIDA 34997</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vice President - CFO</b>
STREET ADDRESS	<b>MIKE MIKLOS</b>
CITY-ST-ZIP	<b>738 SMO SMO Island</b>
	<b>CLARKE FL 32767</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MIKE MIKLOS **MIKE MIKLOS** 105-01 561-464-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)