

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90084 024 \*\*\*150.00

**DOCUMENT # 201874**



1. Entity Name  
**S & M FARM SUPPLY, INC.**

Principal Place of Business  
**13690 SW 248TH STREET  
P.O. BOX 4319  
HOMESTEAD FL 33032**

Mailing Address  
**13690 SW 248TH STREET  
P.O. BOX 4319  
HOMESTEAD FL 33032**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-0801829</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |           |  |          |  |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent                                       |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |           |  |          |  |
| <b>SMITH, T JLEE, SR</b><br><b>13690 SW 248TH STREET</b><br><b>PRINCETON FL 33030</b> |  |  |  | Name   |  |  |  |           |  |          |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |           |  |          |  |
|   |  |  |  | City   |  |  |  | <b>FL</b> |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | <b>PD</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SMITH, T JLEE, JR</b>     |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>13690 SW 248TH STREET</b> |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>PRINCETON FL</b>          |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      | <b>D</b>                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>MARSH, TERRY D.</b>       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | <b>13690 SW 248 STREET</b>   |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | <b>PRINCETON FL</b>          |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                              |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                              |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                              | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                              |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                              |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                              |                                 |  | 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: *Terry D. Marsh* **SIGNATURE REQUIRED** 3/1/2003 305-258-0421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10000100

CR2E034 (10/02)