

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570186

1. Entity Name
AGRI-MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business
P.O. BOX 1589
LAKE CITY FL 32056

Mailing Address
P.O. BOX 1589
LAKE CITY FL 32056

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1760324 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, WILLIAM T
202 WEST DUVAL ST
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name WILLIAM T. NELSON
Street Address (P.O. Box Number is Not Acceptable)
16876 C.R. 137

City WELLBORN, FLA FL Zip Code 32094

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 PD Delete
NAME NELSON, WILLIAM T
STREET ADDRESS 202 WEST DUVAL ST
CITY-ST-ZIP LAKE CITY, FL 00000

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Change Addition
NAME NELSON, WILLIAM T
STREET ADDRESS 16876 C.R. 137
CITY-ST-ZIP WELLBORN, FLA, 32094

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED William T. NELSON, PRES. 1/10/02

386 963 2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90108 028 ***150.00

CR2E034 (9/01)