

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-15-2002 90108 028 ***150.00

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

7. Name and Address of New Registered Agent

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

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

(Address change only)

WILLIAM T. NELSON, PRES.

1/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **NELSON, WILLIAM T**
STREET ADDRESS **202 WEST DUVAL ST**
CITY-ST-ZIP **LAKE CITY, FL 00000**

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 #

CR2E034 (9/01)