

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90212 048 ***150.00

UBR2001

DOCUMENT # 680430 1. Entity Name AGRICULTURAL LAND SERVICES, INC.																																																																																																							
Principal Place of Business 12265 STATE RD. #7 BOYNTON BEACH FL 33437		Mailing Address 12265 STATE RD. #7 BOYNTON BEACH FL 33437																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																					
City & State		City & State																																																																																																					
Zip	Country	Zip	Country																																																																																																				
6. Name and Address of Current Registered Agent LINES, BOBBY G 12265 STATE RD. #7 BOYNTON BEACH FL 33437		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 _____ 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																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> ☐ Delete PD LINES, RACHEL J 968 CLYDESDALE DR LOXAHATCHEE, FL 00000 </td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Delete TD LINES, BOBBY G 968 CLYDESDALE DR LOXAHATCHEE, FL 00000 </td> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Delete S FINDEISEN, MARY 100 LAKEVIEW DR., #312 FT. LAUDERDALE FL </td> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Delete V ENGLEHARDT, JOHN 117 SPANISH PINE TERR ROYAL PALM BEACH FL </td> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Delete V SHEPPARD, ROGERS L 523 ENFIELD ROAD DELRAY BEACH FL </td> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td> ☐ Delete </td> <td>TITLE</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	☐ Delete PD LINES, RACHEL J 968 CLYDESDALE DR LOXAHATCHEE, FL 00000	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete TD LINES, BOBBY G 968 CLYDESDALE DR LOXAHATCHEE, FL 00000	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete S FINDEISEN, MARY 100 LAKEVIEW DR., #312 FT. LAUDERDALE FL	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete V ENGLEHARDT, JOHN 117 SPANISH PINE TERR ROYAL PALM BEACH FL	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete V SHEPPARD, ROGERS L 523 ENFIELD ROAD DELRAY BEACH FL	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	☐ Delete 	TITLE	☐ Change ☐ Addition 	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Rachel J. Lines</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																							
Date		Daytime Phone #																																																																																																					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)