2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837218

1. Entity Name

AGRI-BUSINESS SUPPLY CO., INC.

Principal Place of Business

Mailing Address

PO BOX 1950

CULLMAN AL 35056-1950

PO BOX 1950

City & State

CULLMAN AL 35056-1950



DO NOT WRITE IN THIS SPACE

City & State CULLMAN., AL Zip

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

35058

Country CULLMAN Zip

Country

5. Certificate of Status Desired

63-0520714

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

(NOTE: Registered Agent signature required when reinstating)

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

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 **PSD** TITLE X Delete TITLE PD **▼** Change ☐ Addition NAME EDWARDS, MORGAN NAME MELISSA DURBIN STREET ADDRESS 1605 LAKEVIEW DR STREET ADDRESS 2830 COMMERCE BLVD. P O BOX 100755 CITY-ST-ZIP CULLMAN AL CITY-ST-ZIP IRONDALE, AL 35219 XX Delete TITLE STD Change Addition DURBIN, MARSHALL JR. NAME ELISE DURBIN STREET ADDRESS 3125 INDEPENDENCE DR. STREET ADDRESS 2830 COMMERCE BLVD. P O BOX 100755 CITY-ST-ZIP BIRMINGHAM AL CITY-ST-ZIP IRONDALE, AL 35210 ☐ Delete TITLE Change Addition 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

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

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition