

2002 UNIFORM BUSINESS REPORT (UBR)

0005931 AT

DOCUMENT # A26062

1. Entity Name
FLORICROPS, LTD.

FILED

02 APR 29 AM 8:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business % SEVILLE AGRICULTURAL SERVICES. INC. P.O. BOX 9 SEVILLE FL 32090-0009	Mailing Address % SEVILLE AGRICULTURAL SERVICES. INC. P.O. BOX 9 SEVILLE FL 32090-0009
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2. Principal Place of Business 3. Mailing Address

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

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **59-2893485** Applied For
Not Applicable

Zip Country Zip Country

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

**DELLECKER, WILLIAM M.
2184 U.S. HIGHWAY 17 NORTH
SEVILLE FL 32190-0009**

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

9. Capital Contributions as Shown on record. **\$102,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DELLECKER, WILLIAM M. 2184 US HWY 17 NORTH SEVILLE FL	STREET ADDRESS	800005481238--5 -05/07/02--01058--015 ****526.25 ****526.25
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CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **William M. Dellecker** 3/15/02 386-749-2221
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #