

2002 UNIFORM BUSINESS REPORT (UBR)

0018327 AB

DOCUMENT # B99000000314

1. Entity Name

FAVORITE PRODUCTS, LTD

FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
116 E. HERITAGE DR., STE #106
TYLER TX 75703

Mailing Address
116 E. HERITAGE DR., STE #106
TYLER TX 75703

2. Principal Place of Business
3933 FM 344 E

3. Mailing Address
4710 KINSEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TYLER, TX

City & State
TYLER, TX

4. FEI Number 75-2638374

Applied For
Not Applicable

Zip 75703 Country U.S.

Zip 75703 Country U.S.

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

6. Name and Address of Current Registered Agent

CROSBY, BEN
5901 CR 721
LORIDA FL 33857

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$999.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

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 #	M99000001345	STREET ADDRESS	4710 KINSEY DR.
NAME	AGRO SERVICES OF TYLER LLC	CITY-ST-ZIP	TYLER, TX 75703
STREET ADDRESS	116 E. HERITAGE DR., STE #106		
CITY-ST-ZIP	TYLER TX		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	100005577191--8
NAME		CITY-ST-ZIP	-05/21/02--01057--004
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* 4/30/02 (903) 581-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

001111001001