

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007251

1. Entity Name

UNITED STATES AGRISERVICES, INC.

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

02-13-2001 90004 043 \*\*\*150.00

Principal Place of Business

Mailing Address

118 PARK LAKE AVE  
AVON PARK FL 33825

118 PARK LAKE AVE  
AVON PARK FL 33825

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

58-2559820

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

DISTEFANO, GLEN J  
118 SOUTH LAKE AVE.  
AVON PARK FL 33825

Name GLEN J. DISTEFANO

Street Address (P.O. Box Number is Not Acceptable)  
118 S. LAKE AVE.

City AVON PARK

FL

Zip Code 33825

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 fee 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, 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**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WELBORN, CHARLES	
STREET ADDRESS	118 SOUTH LAKE AVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LORKE, MARY J	
STREET ADDRESS	118 SOUTH LAKE AVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAINES, BOB	
STREET ADDRESS	118 SOUTH LAKE AVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANFORD, FRED	
STREET ADDRESS	118 SOUTH LAKE AVE	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

863-452-5525

Daytime Phone #

CR2034 (1/00)