## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # F56809**

AGRITECH ENGINEERING, INC.

410 30TH CT SW VERO BEACH FL 32968

Principal Place of Business

Mailing Address

410 30TH CT SW VERO BEACH FL 32968

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2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State							4. F	El Number 59-	2144026			plied For t Applicable
Zip	(	Country		Zip	Coun	try	5. 0	Certificate of Status	Desired		88.75 Add	itional
	6. Name an	d Address of Cu	rrent Reg	jistered Agent			7. N	lame and Address	of New Re	gistered A	gent	
						Name						
LEFFEW, RICHARD B 815 BEACHLAND BLVD.						Street Address (B.O. Boy Number is Not Associated						
						Street Address (P.O. Box Number is Not Acceptable)						
VERC	D BEACH FL (	32963										
											T	
						City				F	Zip Code	9
8. The above	named entity se	ubmits this statem	ent for the	e purpose of changing its	s register	ed office or r	egistered ag	eat or both in the	State of Flori	da		
				o paripada ar arranging to	o rogretor	04 011100 01 1	og.00.00 <b>u</b> g	orit, or boar, in the	otate of Fiori	da.		
CICNIATURE												
SIGNATURE _	Signature, typed or p	rinted name of registere	dagent and t	itle if applicable. (NOT	TE: Registere	ed Agent signature	required when re	enstating)		DATE		
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_	ria on back)	elects to do so.		After MAY 1, 26 Make Check Paya				Trust Fund (	Contribution.			to Fees
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	DP	OFFICERS	AND DIF		12.		AU	IDITIONS/CHANGI	ES TO OFFIC	JERS AND		
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**FILED** Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90014 018 \*\*\*150.00

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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)(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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

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