

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90135 048 \*\*\*150.00

069621 AB

**DOCUMENT # F94000000243**

1. Entity Name  
**AGRESERVES, INC.**



Principal Place of Business  
139 E. SOUTH TEMPLE #110  
SALT LAKE CITY UT 84111-1103

Mailing Address  
139 E. SOUTH TEMPLE #110  
SALT LAKE CITY UT 84111-1103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0481574**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SQUIRES, FERREN**  
**13754 DESERET LAND**  
**ST CLOUD FL 34773-9381**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CREER, JOHN W</b>	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>LAMOREAUX, ROBERT D</b>	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>COWAN, ROBERT L</b>	
STREET ADDRESS	<b>139 EAST SOUTH TEMPLE, STE 110</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	<b>JONES, CASEY O</b>	
STREET ADDRESS	<b>139 E SOUTH TEMPLE #110</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>DUNN, DALE A</b>	
STREET ADDRESS	<b>10366 BARNSDALE DR.</b>	
CITY-ST-ZIP	<b>BOISE ID 83704</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BROWN, HAROLD</b>	
STREET ADDRESS	<b>50 EAST NORTH TEMPLE 7TH FL</b>	
CITY-ST-ZIP	<b>SALE LAKE CITY UT</b>	

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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED/sec**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03  
Date

501-259-1600  
Daytime Phone #

CR2E034 (10/02)