## Aug 29, 2003 8:00 am Secretary of State

**FILED** 

08-29-2003 90095 021 \*\*\*550.00

## 2003 FOR PROFIT CORPORATION

F94000003435

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

DOCUMENT # 1. Entity Name

GA/FLA FERTILIZER, INC.

			//	A SHE THAN		
Principal Place of Business E OGLESBY AVE QUITMAN GA 31643 US		Mailing Address PO BOX 409 QUITMAN GA 31643 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 58-1761185	Applied For Not Applicable	
Zip	Zip Country Zip		Country 5.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registere	d Agent
. <u>-</u>	1997		N	lame		
CORPORATION INFORMATION SERVICES, INC.				Street Address (P.O. Box Number is Not Acceptable)		
1201 HAYS ST.:			Ľ		.o. box nambor to not no oppiable)	
TALLAHASSEE FL 32303						
	*		C	City	·F	Zip Code
		he purpose of changing its re	gistered o	ffice or registere	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
the obligat	tions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Age	ent signature required	· <del>_</del> , , , , , , , , , , , , , , , , , , ,	E
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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 D	RECTORS: 44	11.	10.000,000	**ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE	VP	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	JONES, S.L.	100	NAME		* 4.7	r(f'(+)
STREET ADDRESS CITY-ST-ZIP	1500 OLD MADISON RD. QUITMAN GA 31643		STREET AC	<b>I</b>		1
TITLE	p	Delete	TITLE		. :	- Change Addition
NAME	Wortman, Henry	□ Delete	NAME		, 5 44	
STREET ADDRESS	RT 4 BOX 77		STREET AD	DDRESS		
CITY-ST-ZIP	QUITMAN GA 31643		CITY-ST-	ZIP		
TITLE	S	☐ Delete	TITLE			☐ Change ☐ Addition
NAME	CUNNINGHAM, LARRY		NAME			
STREET ADDRESS	COUNTRY CLUN ROAD, P.O BOX	.68	STREET AD	DRESS	and the second s	

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 dress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

**QUITMAN GA 31643** 

CUNNINGHAM, LARRY

**QUITMAN GA 31643** 

COUNTRY CLUB RD., P.O. BOX 68

~ 🔲 Change

☐ Change

Addition

Addition

☐ Addition