## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **F94000004143** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** AGROIRON, INC. 03-04-2000 90030 032 \*\*\*158.75 Mailing Address Principal Place of Business 316 BARTOW MUNICIPAL AIRPORT 316 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830 BARTOW FL 33830 **LUU3U363** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3250181 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRITT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 316 BARTOW MUNICIPAL AIRPORT BARTOW FL 33830 City Zin 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITI F □ Detete TITLE **☆** Change ☐ Addition HJERSTED. LAWRENCE NAME NAME 316 BARTOW MUNICIPAL AIRPORT **625 PENINSULAR DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830-8727 CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete TITLE ☐ Change Addition TITLE SCHRIEBER, BOB NAME NAME 271 WOLFER DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ST. LOUIS MO 63026 ☐ Change ☐ Addition TITLE Delete TITLE HJERSTED, NORMAN NAME NAME STREET ADDRESS 3211 CLINTON PKWY #1 STREET ADDRESS CITY-ST-ZIP LAWRENCE KS 66044 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE **BRANDSTETTER, HUGO** NAME STREET ADDRESS 1800 N. CLARK STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60614 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME BRITT, DANIEL STREET ADDRESS STREET ADDRESS 406 ANDERSON DR CITY-ST-ZIP **AUBURNDALE FL 33823** CITY-ST-ZIP **C**hange Addition ☐ Delete TITLE TITI F MARKER, JOHN NAME NAME 316 BARTOW MUNICIPAL AIRPORT STREET ADDRESS 543 PENINSULA DR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP BARTOW, FL 33830-8727 13. I hereby certify that the information supplied with this filling 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: TREASURER // 2000 (863) 5335990

TREASURER 1/11/2000