

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90234 032 ***158.75

0651427
 SP

DOCUMENT # F94000004143

1. Entity Name
AGROIRON, INC.

Principal Place of Business **Mailing Address**
316 BARTOW MUNICIPAL AIRPORT **316 BARTOW MUNICIPAL AIRPORT**
BARTOW FL 33830 **BARTOW FL 33830**

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 **Applied For**
59-3250181 **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRITT, DANIEL L
316 BARTOW MUNICIPAL AIRPORT
BARTOW FL 33830

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title 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, 2002 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 | PC | <input type="checkbox"/> Delete |
| NAME | HJERSTED, LAWRENCE | |
| STREET ADDRESS | 316 BARTOW MUNICIPAL AIRPORT | |
| CITY-ST-ZIP | BARTOW FL 33830-8727 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHRIEBER, BOB | |
| STREET ADDRESS | 271 WOLFER DR. | |
| CITY-ST-ZIP | ST. LOUIS MO 63026 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HJERSTED, NORMAN | |
| STREET ADDRESS | 3211 CLINTON PKWY #1 | |
| CITY-ST-ZIP | LAWRENCE KS 66044 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRANDSTETTER, HUGO | |
| STREET ADDRESS | 1800 N. CLARK | |
| CITY-ST-ZIP | CHICAGO IL 60614 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BRITT, DANIEL | |
| STREET ADDRESS | 406 ANDERSON DR | |
| CITY-ST-ZIP | AUBURNDAL FL 33823 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MARKER, JOHN | |
| STREET ADDRESS | 316 BARTOW MUNICIPAL AIRPORT | |
| CITY-ST-ZIP | BARTOW FL 33830-8727 | |

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 |
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| 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: *DANIEL L. BRITT* **TREAS.** 4/23/02 (863) 533 5990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)