

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006694

1. Entity Name
AGRICULTURAL BUSINESS DEVELOPMENT CORPORATIONPrincipal Place of Business
526 FAIRWAYS DRIVE
TITUSVILLE FL 32780
USMailing Address
526 FAIRWAYS DRIVE
TITUSVILLE FL 327802. Principal Place of Business
3. Mailing AddressSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
Zip4. FEI Number
62-1517541
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENCH, ROBERT E
526 FAIRWAYS DRIVE
TITUSVILLE FL 32780

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 State10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT RENCH, ROBERT E 526 FAIRWAYS DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RENCH, JAMES L 76 S. MAIN ST., STE. 1512 AKRON OH 44308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: *Robert E. Rench* Robert E. Rench 03/09/02 321-383-8037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR0086288
AVFILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90021 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)