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

## DOCUMENT # F94000006694



FILED
Mar 17, 2003 8:00 am
Secretary of State

Titusville, FL 32780	1. Entity Name AGRICULTURAL BUSINESS DEVELOPMENT CORPORATION							03-17-2003 91070 005 ***150.00		
Suits Apt #, etc.   Suits Apt #, etc.   Check Here IF MAKING CHANGES  City & State   Chy & State   C	526 FAIRWAY	ys drive	s	526 FÄIRWAYS DRIVE TITUSVILLE FL 32780						
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal	Place of Busin	ness				-	-		
Titusville, FL 32780  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Dosired  \$8.75 Additions \$9.25 Grande Haven Drive  Contract of Portida. I am familier with, and a 27880  Titusville 7  FL Zip Code \$3.7880  SIGNATURE  Signature, fuence or periods ranked in sported agent and the 1 Applicable.  Portices And Director in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent, or both, in the State of Fortida. I am familier with, and a 27880  Received Agent squares required agent age	Suite, Apt	t. #, etc.						☐ CHECK HERE IF MAKING CHANGES		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  952 'Grande Haven Drive  Chy Tusville 7 FL 2ip Code 32780  8. The above named entity subtripts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a the obligations of registered agent, or both, in the State of Forida. I am familiar with, and a state of Forida. I am familiar with, and a the obligation of registered agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida. I am familiar with, and a state of Forida agent, or both, in the State of Forida	City & Sta	ate						4. FEI Number 62-1517541 Applied For Not Applicable		
RENCH, ROBERT E  \$26 FAIRWAYS DRIVE TITUSVILLE FL 32780  8. The above named entity subripits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am familiar with, and a state of Rench May 1, 2003, Fee will be \$550.00  After May 1, 2003, Fee will be \$550.00  After May 1, 2003, Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICER					Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
RENCH, ROBERT E \$26 FAIRWAYS DRIVE TITUSVILLE FL 32780  952 'Grande Haven Drive City Titusville F. 32780  8. The above named entity subripts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state obligations of registered agent, use the registered agent, or both, in the State of Florida. I am familiar with, and a state obligations of registered agent, or both, in the State of Florida. I am familiar with, and a state obligations of registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and a state of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or registered agent, or both, in the State of Florida Delete or Florida Delete or registered agent, or both, in the State	6. Name and Address of Current Registered Agent									
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  952 'Grande Haven Drive  City Titusville	DENO:					Name				
### STREET ADDRESS CITY-ST-2P    Secret Address Scrieves and Street Address Scrieves a					Street Address			P.O. Pay Number in Net Assentable		
Signature lawer by the state of Fiorida. I am familiar with, and a the obligations of registered agent.  8. The above named entity subhipits 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 a the obligations of registered agent.  SIGNATURE    Signature   Sign	526 FAIR	ways drivi	E			Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity subrights 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 a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time obligations of registered agent, or both, in the State of Florida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plorida. I am familiar with, and a time of Plor	TITUSVILLE FL 32780					05010 1 7				
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8. The above named entity subritis 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 a the obligations of registered agent.  SIGNATURE    Signature, typed or privated name of registered agent and site if applicable. (NOTE Registered Agent signature representation)   P. Election Campaign Financing   S5.00 Ma Added to F6	* (									
Signature required vient reignamed agent and title if applicable.   (NOTE: Registered Agent signature required when reignaturing)   DATE	i ie obliga	e named entity tions of regist	y submits this statement for ered agent.	or the purpose of changing	its register	ed office or re	egistere	ed agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS TITUE NAME TITUS FUNDAMYS DRIVE TITUS	SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature	required w	when reinstation) DATE		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Afte Make Check	r May 1, 200	3 Fee will be \$550.00 Florida Department o	<u> </u>	T 44			Trust Fund Contribution. Added to Fees		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		СРТ	OT TICENS AND	<del></del>	_					
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AME NAME	NAME Street address			☐ Delete	NAME STREE	T ADDRESS		☐ Change ☐ Addition		
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 supplies true and accurate and that my signature shall have the case level (3)(i). Florida Statutes. I further certify that the information supplies true and accurate and that my signature shall have the case level (3)(ii). Florida Statutes. I further certify that the information supplies the same level (3)(iii) and information supplies the same level (3)(iii). Florida Statutes (4)(iii) and information supplies the same level (4)(iii) and information supplies the same level (4)(iii) and information supplies the same level (4)(iii) and information supplies (4)(ii	VAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	ST-ZIP				

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:

Daytime Phone #