

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

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

03-17-2003 91070 005 ***150.00

DOCUMENT # F94000006694
1. Entity Name
AGRICULTURAL BUSINESS DEVELOPMENT CORPORATION



Principal Place of Business
**526 FAIRWAYS DRIVE
TITUSVILLE FL 32780
US**

Mailing Address
**526 FAIRWAYS DRIVE
TITUSVILLE FL 32780
US**



2. Principal Place of Business

3. Mailing Address

952 Grande Haven Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Titusville, FL 32780

4. FEI Number **62-1517541**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RENCH, ROBERT E
526 FAIRWAYS DRIVE
TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

952 Grande Haven Drive

City

Titusville, FL

FL

Zip Code

32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 DIRECTORS

11. 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**952 Grande Haven Drive
Titusville, FL 32780** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RENCH, JAMES L
76 S. MAIN ST., STE. 1512
AKRON OH 44308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)