

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002880

1. Entity Name

SKINNER GRAIN & FETILIZER CO., INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 029 ***550.00

Principal Place of Business

P.O. BOX 176
HARTFORD AL 36344

Mailing Address

P.O. BOX 176
HARTFORD AL 36344

A0074293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 63-1028492

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

PROCTOR, SOL H
1015 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SKINNER, ROBERT E
STREET ADDRESS RT 1, BOX 153A
CITY-ST-ZIP HARTFORD AL

TITLE
NAME
STREET ADDRESS 821 Co. Road 45
CITY-ST-ZIP

TITLE S
NAME HARDWICK, JILL
STREET ADDRESS 609 CAROL STREET
CITY-ST-ZIP HARTFORD AL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
Jill Hardwick Corp. Sec.

8/21/00

Date

800/682-4810

Daytime Phone #

CR2E034 (5/00)