

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 044 ***150.00

DOCUMENT # F95000002880

1. Entity Name

SKINNER GRAIN & FERTILIZER CO., INC.

DO NOT WRITE IN THIS SPACE

B0056507

2. Principal Place of Business

456 TORO RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 176

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HARTFORD, AL

City & State

HARTFORD, AL

4. FEI Number

63-1028492

Applied For

Not Applicable

Zip

36344

Country

USA

Zip

36344

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PROCTOR, SOL H.

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

1015 BLACKSTONE BUILDING

City

JACKSONVILLE

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
SKINNER, ROBERT E
821 CO. ROAD 45
HARTFORD, AL 36344**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
HAMM, JILL H
609 CAROL STREET
HARTFORD, AL 36344**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

334-588-3295

Daytime Phone #

CR2E034B (12/01)