

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005104

1. Entity Name

SIMS AGRICULTURAL PRODUCTS CO.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90056 029 ***150.00

Principal Place of Business

3795 COUNTY ROAD 29 BOX 69
MT GILEAD OH 43338

Mailing Address

3795 COUNTY ROAD 29 BOX 69
MT GILEAD OH 43338-9788

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1665183

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Thomas H. Cunningham

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, 2000 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHRISTOPHERSON, DAVID
25441 THOMPSON RD.
PERRYSVILLE OH 43551 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Cunningham, Thomas H
975 Taylor Road
Mansfield, Ohio 44903 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BOWEN, JOHN H
755 CHISWICK PLACE
GALION OH 44833 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Dallas H. Paul
7696 Silver Lake Court
Westerville, Ohio 43082 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRAYER, D R
741 PARKVIEW
WAUSEON OH 43567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEITZ, TADD C
7500 BRIDLESPUR
DELAWARE OH 43015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUPP, DAVID
421 INDEPENDENCE DR
NAPOLEON OH 43534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Thomas H. Cunningham

Thomas H. Cunningham

2-9-00

(419) 946-2015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #