FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90192 030 ***150.00

DOCUMENT # F98000002307

1. Entity Name

AGRICO SALES, INC.

DO NOT WRITE IN THIS SPACE

50017295

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3413 RIVER ROAD		P.O. BOX 9297	
Suite, Apt #, etc		Suite, Apt. #, etc	
City & State: BRIDGE CITY, LA		City & State: BRIDGE CITY, LA	
Zip: 70094	Country: USA	Zip: 70096	Country: USA

4. FEI Number 75 2191545 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
City: PLANTATION **FL** Zip Code: 33324

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 the 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	PRESIDENT	TITLE	
NAME	FRANK KELLY	NAME	
STREET ADDRESS	3413 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRIDGE CITY, LA 70094	CITY-ST-ZIP	
TITLE	VICE PRESIDENT - FIELD SUPERINTENDENT	TITLE	
NAME	DAVID WEEKS	NAME	
STREET ADDRESS	3413 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRIDGE CITY, LA 70094	CITY-ST-ZIP	
TITLE	VICE PRESIDENT - SALES	TITLE	
NAME	ROBERT WEEKS	NAME	
STREET ADDRESS	3413 RIVER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRIDGE CITY, LA 70094	CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Kelly Frank Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #