

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90442 002 \*\*\*158.75

0028733 AV

**DOCUMENT # F99000006142**

1. Entity Name  
**PRECISION AG RESOURCES, INC.**



Principal Place of Business  
**2121B CORPORATE SQUARE BLVD., STE. 235  
JACKSONVILLE FL 32216**

Mailing Address  
**2121B CORPORATE SQUARE BLVD., STE. 235  
JACKSONVILLE FL 32216**

↑  
**242**

**11001449**



2. Principal Place of Business  
**2121 B CORPORATE SQUARE BLVD.**

3. Mailing Address  
**2121 B CORPORATE SQUARE BLVD.**

Suite, Apt. #, etc.  
**Suite 242**

Suite, Apt. #, etc.  
**Suite 242**

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

4. FEI Number  
**54-1957743**

Applied For  
Not Applicable

Zip  
**32216**

Country

Zip  
**32216**

Country

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

**6. Name and Address of Current Registered Agent**

**WATSON, MAXCY ROGER  
2121B CORPORATE SQUARE BLVD., STE. 235  
JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

Name **WATSON, MAXCY ROGER**  
Street Address (P.O. Box Number is Not Acceptable)  
**2121 B CORPORATE SQUARE BLVD.**  
**Suite 242**  
City **JACKSONVILLE** FL Zip Code **32216**

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 *Maxcy Roger Watson* **MAXCY ROGER WATSON** **4-18-03**  
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  
**PS  
MACHEK, MICHAEL DEAN  
4017 POPLAR GROVE RD.  
MIDLOTHIAN VA 23112** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATSON, MAXCY ROGER  
2121B CORPORATE SQUARE BLVD., STE. 235  
JACKSONVILLE FL 32216** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
WATSON, MAXCY ROGER  
2121 B CORPORATE SQUARE BLVD., STE 242  
JACKSONVILLE FL 32216** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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: *Michael Dean Macheck* **MICHAEL DEAN MACHEK** **4-18-03 (904) 631-3086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)