

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G52962

1. Entity Name

AGRI-SPECIALTY COMPANY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90082 039 ***150.00

Principal Place of Business

Mailing Address

8701 E CRESCO LN
INVERNESS FL 34450
US

P.O. BOX 1749
INVERNESS FL 34451-1749
US

2. Principal Place of Business

834 EAST BOSTON STREET

3. Mailing Address

POST OFFICE BOX 1749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FLORIDA

City & State

INVERNESS, FLORIDA

4. FEI Number

59-2370584

Applied For

Not Applicable

Zip
34442

Country
CITRUS

Zip
34451-1749

Country
CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, JOHN A. JR.
1715 N. WESTSHORE BLVD., STE 850
WESTSHORE CENTER
TAMPA FL 33607-0926

7. Name and Address of New Registered Agent

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 \$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

TITLE PD
NAME ENOCHS, ROBERT H.
STREET ADDRESS 8701 E CRESCO LN
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE SD
NAME ENOCHS, NONA F.
STREET ADDRESS 8701 E CRESCO LN
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 834 EAST BOSTON STREET
CITY-ST-ZIP HERNANDO, FLORIDA 34442 ☒ Change ☐ Addition
of Address Only.

TITLE
NAME
STREET ADDRESS 834 EAST BOSTON STREET
CITY-ST-ZIP HERNANDO, FLORIDA 34442 ☒ Change ☐ Addition
of Address Only.

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Robert H. Enoch, President

April 15, 2000 (352) 527-2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)