## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

UNIGRO, U.S.A., INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90062 002 \*\*\*150.00



Principal Place of Business Mailing Address						
1221 LEXINGTON COURT 1221 LEXINGTON COURT						
EL DORADO HILLS CA 95762 EL DORADO HILLS CA 9576			!			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed	
						04/21/1987
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-2814304 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	<del></del>	5. Certificate of Status Desired  \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		_		6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zíp	Country	Zip	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No
24	9. Name and Address of Current		30			Personal Property Tax. ☐ Yes ☑ No  10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Hante and Addices of New Yorkstein a Special
DOYLE, PATRICK W.						
800 WEST MORSE BLVD., SUITE 1				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
WIN	TER PARK FL 32789			83		
						10-1 7:- Code
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	ove	-named corpo	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was au ons of, Section 607,0505, Flori	thorized da Statu	by tutes.	the corporatio	on's board of directors. I hereby accept the appointment as registered
	Triangle Triangle and accept the congenie					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature required	d when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ALBADA JELOEDOLAA EDIO	☐ DELETE	1.1 111			☐ Change ☐ Addition
NAME	ALBADA- JELGERSMA, ERIC		12 NA			
STREET ADDRESS	1221 LEXINGTON COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP			14 C/T		-ZiP	☐ Change ☐ Addition
TITLE			2.1 III			
NAME	100 100 100 100 100 100			2.3 STREET ADORESS		
STREET ADDRESS	EL DORADO HILLS CA		- · · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP TITLE	V DELETE		_	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	· —		3.2 NA			
STREET ADDRESS	ASS W OFOROM OF MACT FLOOR				ADDRESS	
CITY-ST-ZIP	VANCOUVER B. V6B 4		3.4. CI	3.4. CITY- ST-ZIP		
TITLE			4.1 TIT	LE		☐ Change ☐ Addition
NAME	0.10110E/10, 1100E/101. O.		4.2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	VANCOUVER B. V6B 4		4.4 CIT	4.4 CITY-SY-ZIP		
TITLE	_		5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			•		ADDRESS	
CITY-ST-ZIP			5.4 CIT		-ZIP	
TITLE		☐ DELÉTE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA		ARROTO-	
STREET ADDRESS			6.3 ST	KEET	ADDRESS	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes open an attachment with an address, with all other like empowered.

**SIGNATURE:** 

F.P.J.M. ALBADA JELGERSMA 2.26.99 916.933.3067