

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010785

1. Entity Name
PAXTON FARM SUPPLY, L.L.C.

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
21829 US HIGHWAY 331 NORTH
PO BOX 5180
PAXTON FL 32538-1108

Mailing Address
21829 US HIGHWAY 331 NORTH
PO BOX 5180
PAXTON FL 32538-1108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PAXTON Farm Supply, LLC
Suite, Apt. #, etc.
21829 US Hwy 331 N

3. Mailing Address

PO Box 5180
Suite, Apt. #, etc.

City & State
PAXTON FL

City & State
PAXTON FL

4. FEI Number
59-3669301

Applied For
Not Applicable

Zip
32538

Country
Walton

Zip
32538

Country
Walton

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JOSEPH I
21829 US HIGHWAY 331 NORTH
PAXTON FL 32538-1108

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004424033--8
-06/18/01--01033--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME Joseph J. Powell
STREET ADDRESS 21829 US Hwy 331 N
CITY-ST-ZIP Paxton, FL 32538 ☐ Delete

TITLE Sec/Treasurer
NAME Kathy Powell
STREET ADDRESS 21829 US Hwy 331 N
CITY-ST-ZIP Paxton, FL 32538 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joseph J. Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-2001 (850) 834-2402
Date Daytime Phone #

0004386 AF

CR2E083 (11/00)