

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90163 026 \*\*\*\*50.00

**DOCUMENT # L00000010785**

1. Entity Name

**PAXTON FARM SUPPLY, L.L.C.**

Principal Place of Business

**21829 US HIGHWAY 331 NORTH  
PAXTON FL 32538**

Mailing Address

**P.O. BOX 5180  
PAXTON FL 32538**

2. Principal Place of Business

**Paxton Farm Supply, LLC**

3. Mailing Address

**P.O. Box 5180**

Suite, Apt. #, etc.

**21829 Hwy 331 N**

Suite, Apt. #, etc.

City & State

**Paxton, FL**

City & State

**Paxton FL**

Zip

**32538**

Country

**Walton**

Zip

**32538**

Country

**Walton**

6. Name and Address of Current Registered Agent

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

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **POWELL, JOSEPH J**  
STREET ADDRESS **21829 US HWY 331 N**  
CITY-ST-ZIP **PAXTON FL 32538**

TITLE **ST** ☐ Delete  
NAME **POWELL, KATHY**  
STREET ADDRESS **21829 US HWY 331 N**  
CITY-ST-ZIP **PAXTON FL 32538**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**Kathy Powell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-15-2002 (850) 834-2402**

CR2E083 (9/01)