

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90092 031 ****50.00

DOCUMENT # L00000010785



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

Principal Place of Business
**PAXTON FARM SUPPLY, LLC
21829 HWY 331N
PAXTON FL 32538**

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



2. Principal Place of Business

Paxton Farm Supply, LLC

Suite, Apt. #, etc.

21829 US Hwy 331 N

City & State

Paxton, FL

Zip

32538

Country

Walton

3. Mailing Address

P.O. Box 5180

Suite, Apt. #, etc.

City & State

Paxton, FL

Zip

32538

Country

Walton

4. FEI Number **59-3669301**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

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
NAME
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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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 REQUIRED

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

1-15-2003

Date

(850) 834-2402

Daytime Phone #

CR2E063 (10/02)