

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014498

1. Entity Name
AGRIAS, LLC

Principal Place of Business
196 AVENUE B. NW
WINTER HAVEN FL 33881

Mailing Address
196 AVENUE B. NW
WINTER HAVEN FL 33881

FILED

01 FEB 16 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
196 AVE B NW
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 2146
Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL
Zip
33881
Country
USA

City & State
WINTER HAVEN, FL
Zip
33883
Country
USA

4. FEI Number
59-3692459
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KINGHAM, MICHAEL O
196 AVENUE B, NW
WINTER HAVEN FL 33881

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME MEMBER
STREET ADDRESS MICHAEL O. KINGHAM
CITY-ST-ZIP 196 AVE B NW
WINTER HAVEN, FL 33881 ☐ Delete

TITLE
NAME MEMBER
STREET ADDRESS CAROLE ANN SCHULZ
CITY-ST-ZIP 196 AVE B. NW
WINTER HAVEN, FL 33881 ☐ 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003746010--2
-02/21/01--01101--025
*****50.00 *****50.00

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

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:

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

2.9.01

Date

863-291-4268

Daytime Phone #

CR2E083 (11/00)