May-01-03 11:19 STUART M ROTMAN CPA 95

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91178 022 ***159.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L29661

1. Entity Name
AGRO PAINT CO. INC.

90129829

Principal Place of Business	Mailing Address
2241 SW RIVERSIDE DR PALM CITY, FL 34990 US	2241 SW RIVERSIDE DR PALM CITY, FL 34990 US

2. Principal Place of Business	3. Mailing Address
2241 SW Riverside	2241 SW Riverside Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City Fl 3C	City & State: Palm City Fl
Zip: 34990 Country: Martin	Zip: 34990 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0150206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGRO, ANTHONY JOHN 2248 SW RIVERSIDE DR PALM CITY, FL 34990	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] April 30, 03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGRO, ANTHONY JOHN 4810 N.E. 13TH TERR FT. LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGRO Anthony 2241 SW Riverside Dr palm City Fl 34990 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS AGRO, CAROL C 2241 SW RIVERSIDE DRIVE PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Charles Weaver 3970 Circlelake Dr WPB Fla. 33417 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] April 30, 03 7727869074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #