

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001246

1. Entity Name  
SUPERMAG, L.C.

Principal Place of Business

8500 FT. GREEN ROAD  
BRADLEY FL 33835

Mailing Address

P.O. BOX 518  
BRADLEY FL 33835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0789418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAROVICH, PETER W  
4100 GLADES RD  
FT. PIERCE FL 34981

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 MGRM ☐ Delete  
STREET ADDRESS PIONEER AG-CHEM INC.  
CITY-ST-ZIP 4100 GLADES ROAD  
FT. PIERCE FL 34981

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS J.H. HULL INC.  
CITY-ST-ZIP 1307 W. HIGHWAY 60  
PLANT CITY FL 33567

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003572499-7  
CITY-ST-ZIP -01/24/01--01015--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM ☒ Change ☐ Addition  
STREET ADDRESS J.H. HULL Inc  
CITY-ST-ZIP 606 Charlie Wiggins Road  
PLant City, FL 33567

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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)(l), 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:

*MSignature*

1-16-01

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

Date

Daytime Phone #

FILED

01 JAN 18 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)