

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90008 045 \*\*\*\*50.00

0037901

**DOCUMENT # L97000001246**

1. Entity Name  
**SUPERMAG, L.C.**

Principal Place of Business      Mailing Address  
**8500 FT. GREEN ROAD**      **P.O. BOX 518**  
**BRADLEY FL 33835**      **BRADLEY FL 33835**

**80039506**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **65-0789418**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME	<b>MGRM PIONEER AG-CHEM INC.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4100 GLADES ROAD</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34981</b>	
TITLE NAME	<b>MGRM J.H. HULL INC.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>606 HULL INC</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

*Peter W. Marovich*

Pres.      2/22/2002

**SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED**

(561) 464-9300

CR2E083 (9/01)