

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002970

1. Entity Name
SERVICES TO AGRICULTURE I, L.L.C.

FILED

01 MAY -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3443 HANCOCK BRIDGE PKWY. SUITE 102
N. FT. MYERS FL 33903

Mailing Address
P.O. BOX 2030
FT. MYERS FL 33902

2. Principal Place of Business
5235 RAMSEY WAY
Suite, Apt. #, etc.
#18

3. Mailing Address
5235 RAMSEY WAY
Suite, Apt. #, etc.
#18

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

4. FEI Number 59-3579603

Applied For
Not Applicable

Zip 33907 Country USA

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

6. Name and Address of Current Registered Agent

KLOPSTAD, J. JEFF
3443 HANCOCK BRIDGE PKWY, SUITE 102
N. FT. MYERS FL 33903

7. Name and Address of New Registered Agent

Name KLOPSTAD, J. JEFF
Street Address (P.O. Box Number is Not Acceptable)
5235 RAMSEY WAY
#18
City FT. MYERS FL Zip Code 33907

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 J. JEFF KLOPSTAD
(NOT) Registered Agent signature required when reinstating

DATE 4/26/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME PEO SERVICES L.C.
STREET ADDRESS 3443 HANCOCK BRIDGE PKWY., SUITE 102
CITY-ST-ZIP N. FT. MYERS FL 33903 ☒ Delete

TITLE MGRM
NAME PEO SERVICES, INC.
STREET ADDRESS 4401 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ 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

TITLE MGRM
NAME PEO SERVICES, INC.
STREET ADDRESS 5235 RAMSEY WAY, #18
CITY-ST-ZIP FT. MYERS, FL 33907 ☒ 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

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: J. JEFF KLOPSTAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 4/26/2001 DAYTIME PHONE # 941-275-7052

CR2E083 (11/00)