

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002972

1. Entity Name

SERVICES TO AGRICULTURE II, L.L.C.

FILED

01 MAY -3 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4401 E. COLONIAL DRIVE  
ORLANDO FL 32803

Mailing Address

4401 E. COLONIAL DRIVE  
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

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

Zip  
33907

Country  
USA

Zip  
33907

Country  
USA

4. FEI Number

59-3579605

Applied For

Not Applicable

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. MEYERS 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PEO SERVICES, INC.  
3443 HANCOCK BRIDGE PKWY, SUITE 102  
N. FT. MEYERS FL 33903 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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  
MGRM  
PEO SERVICES, INC.  
5235 RAMSEY WAY #18  
FT. MYERS, FL 33907 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004335117-3  
-05/31/01--01006--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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 report 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

Date

Daytime Phone #

CR2E083 (11/00)

0006678 AF