## 2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # M 8 2408 AGRISERVICES OF BACWAND COONTY. INC 05-07-2001 90063 017 \*\*\*150.00 Principal Place of Business Mailing Address 5301 SW 82 AVE -A0062484 DAVIE A 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDY G. NAUGLE Street Address (P.O. Box Number is Not Acceptable) 5301 SW 82 AUR DAVIE PL 33328 Zip Code FL . 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing SAfter MAY 3, 2001 Fee will be \$550,00 Make Cheek Payabe to Department of St Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ■ Addition CR2E034 (11/00 ITLE TITLE CANDY 6 NACELE 5301 SW 8 LAVE DAVIE H 33378 JAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Addition ITLE TITLE Change MAME NAME TREET ADDRESS STREET ADDRESS 'ITY-ST-ZIP CITY-ST-7IP Change ITLE ☐ Delete TITLE Addition IAME ---NAME TREET ADDRESS STREET ADDRESS ITY-ST-7IF CITY-ST-ZIP TLE Delete TITLE Change Addition AMF NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE Change Addition AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TLE Delete TITLE Change ■ Addition AME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 3. Thereby 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 supplied entail 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 11 or Block 12 if changed, or on an attachment with ar address; with all other like empowered. IGNATURE