

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88824

1. Entity Name
AMERICAN GROWERS, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90173 015 ***558.75

0084348 AV

Principal Place of Business
3019 ST RD 15
SUITE 4
BELLE GLADE FL 33430
US

Mailing Address
3019 ST RD 15
SUITE 4
BELLE GLADE FL 33430
US

2. Principal Place of Business
1596 SHAKER CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1207
Suite, Apt. #, etc.

City & State
WELLINGTON, FL
Zip 33414 Country U.S.

City & State
LOXAHATCHEE, FL
Zip 33470 Country U.S.

4. FEI Number 65-0065757

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMASON, GLENN C
3019 STATE ROAD 15
STE. 4
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent
Name GLENN C THOMASON
Street Address (P.O. Box Number is Not Acceptable)
1596 SHAKER CIRCLE
City WELLINGTON FL Zip Code 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *Glenn C. Thomason President* 8/6/02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMASON, GLENN C. HKR HWY AT 3019 ST RD 15 BELLE GLADE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASON, GLENN C. HKR HWY AT 3019 ST RD 15 BELLE GLADE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMASON, GLENN C 4 RR HWY AT 3019 ST RD 15, SUITE 4 BELLE GLADE FL 33430	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT/SID GLENN C THOMASON 1596 SHAKER CIRCLE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental 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 an address, with all other like empowered.

SIGNATURE: *[Signature]* 8/6/02 561-656-1020

CR2E034 (4/02)