

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90292 011 ***150.00

DOCUMENT # *P00000058887*

1. Entity Name

CORN Services, Inc



DO NOT WRITE IN THIS SPACE

94077262

2. Principal Place of Business

48 Citrus Drive

3. Mailing Address

48 Citrus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL.

City & State

Palm Harbor, FL.

4. FEI Number

59-3654648

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

34684

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARY H. Lee

Street Address (P.O. Box Number is Not Acceptable)

48 Citrus Drive

City

Palm Harbor,

FL

Zip Code

34684

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

Mary H. Lee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/04

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Mary H. Lee
48 Citrus Drive President
Palm Harbor, FL. 34684*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Vice President
Jerry Lee
48 Citrus Dr.
Palm Harbor, FL. 34684*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary H. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

727-934-7922

Daytime Phone #

CR2E034B (12/02)