

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-14-2001 90007 015 ***150.00

DOCUMENT # P00000109805

1. Entity Name

AGRI-TECH SERVICES, INC.

Principal Place of Business

6441 65TH STREET NORTH
 PINELLAS PARK FL 33781

Mailing Address

6441 65TH STREET NORTH
 PINELLAS PARK FL 33781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-3684195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, JAMES S
 6441 65TH STREET NORTH
 PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when removing)

DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PRESIDENT	☐ Delete
NAME	JAMES S. MCCORMICK	
STREET ADDRESS	6441 65TH ST. NO	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	TREASURER	☐ Delete
NAME	JO MOSCOB	
STREET ADDRESS	6441 65TH ST NO	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

James S. McCormick

JAMES S. MCCORMICK

4/20/01

397-3684195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)