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FILED
Jul 15, 2002 8:00 am
Secretary of State
05-10-2002 90004 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005897

1. Entity Name
AGRILINK FLORIDA, INC.

Principal Place of Business	Mailing Address
1001 YAMATO RD., SUITE 305 BOCA RATON FL 33431	1001 YAMATO RD., SUITE 305 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 County Rd.	195 Concourse Blvd.
Suite, Apt. #, etc.: 78-A	Suite, Apt. #, etc.: Ste. A
City & State: Alva, FL	City & State: Santa Rosa, CA
Zip: 33920 Country: USA	Zip: 95403 Country: USA

4. FEI Number: 65-1072098 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRUDEN, JAMES L ESQ.
370 W. CAMINO GARDENS BLVD., SUITE 210
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Agrilink c/o Liz Wilson
Street Address (P.O. Box Number is Not Acceptable): ~~195 Concourse Blvd.~~ 2100 County Rd. 78-A
~~Ste. A~~
City: ~~Santa Rosa, CA~~ Alva ~~FL~~ Zip Code: ~~95403~~ 33920

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: E.L.Wilson E.L.Wilson, Corp. Admin. USA DATE: 4-16-02
Signature, typed or printed name of registered agent and title if applicable. (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 $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO / President Nigel Robinson Ste. 7/69 Sir Donald Bradman Dr. HILTON, South Australia 5033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO / Secretary Craig Gooden Ste. 7/69 Sir Donald Bradman Dr. HILTON, South Australia 5033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAO / Regional Mgr. Peter Moller 301 Fireweed Ct. 95492 Windsor, CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Peter Moller REQUIRED 4-16-02 (707) 522-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #