2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am § **Secretary of State** P01000006066 DOCUMENT # 1. Entity Name 03-11-2002 90031 048 ***150.00 AGRICULTURAL RESOURCE ASSOCIATES, INC. Principal Place of Business Mailing Address 17680 PRONGHORN STREET 17680 PRONGHORN STREET ALVA FL 33920 ALVA FL 33920 2. Principal Place of Business 3. Mailing Address 278 Po. Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ALVA65-1067024 FLULIDA Not Applicable Zip Country 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 ONTERMAA, ESA "Street Address (P.O. Box Number is Not Acceptable)" 17680 PRONGHORN STREET **ALVA FL 33920** City Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. ..Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE NAME ONTERMAA, ESA NAME 17680 PRONGHORN STREET STREET ADDRESS STREET ADDRESS **ALVA FL 33920** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLES Change Addition ☐ Delete NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IF TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition [7] Change

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 truetee 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

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

25/2002 9416337628
Date Daytime Phone #

FILED

CR2E034 (9/01