

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90118 049 ***150.00

DOCUMENT # P01000055163

1. Entity Name
AGRI-SERV, INC.

Principal Place of Business

**240 29TH CT. SW
 VERO BCH FL 32968**

Mailing Address

**240 29TH CT. SW
 VERO BCH FL 32968**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. # etc.

N/A

Suite, Apt. # etc.

N/A

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32968

Country

INDIAN RIVER

Zip

32968

Country

INDIAN RIVER

4. FEI Number

05-111526

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, JEFF
 240 29TH CT. SW
 VERO BCH FL 32968**

7. Name and Address of New Registered Agent

Name **JEFF JACKSON**

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

240 29th CT S.W.

City **VERO BEACH,**

FL

Zip Code **32968**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

TITLE **PRESIDENT & Secy -** ☐ Delete
 NAME **JEFF JACKSON**
 STREET ADDRESS **AS ABOVE**
 CITY-ST-ZIP **240 29 CT S.W.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 CITY-ST-ZIP

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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:

[Signature]

Date

Daytime Phone #

4/29/02 772-567-4286

CR2E034 (9/01)