

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90683 022 ***150.00

DOCUMENT # P01000072168

1. Entity Name

S & S FLORAL CITY FEED & SEED, INC.

Principal Place of Business

**106 N OSCEOLA AVENUE
 INVERNESS FL 34450**

Mailing Address

**106 N OSCEOLA AVENUE
 INVERNESS FL 34450**

2. Principal Place of Business

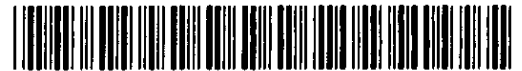
1248 S. FL. AV.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 508

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL

4. FEI Number

59-3734781

Applied For

Not Applicable

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOVACH, MICHAEL T JR
 106 N OSCEOLA AVENUE
 INVERNESS FL 34450**

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 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)

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, 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 **D** ☐ Delete
 NAME **KOVACH, MICHAEL T SR**
 STREET ADDRESS **106 N OSCEOLA AVENUE**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **RONALD A STEVENS** ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **7248 S. FLORIDA AV.**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **DIRECTOR** ☐ Delete
 NAME **ANNA M. STEWART**
 STREET ADDRESS **7248 S. FLORIDA AV.**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

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

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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:

ANNA M. STEWART
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 **(352) 637-6600**
 Date Daytime Phone #

CR2E034 (9/01)