

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90193 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04985

1. Entity Name

AGRATRADE FINANCING, INC.



DO NOT WRITE IN THIS SPACE

10097880

2. Principal Place of Business

244 Perimeter Ctr. Pkwy., NE

Suite, Apt. #, etc.

3. Mailing Address

244 Perimeter Ctr. Pkwy., NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Atlanta, GA

City & State
Atlanta, GA

4. FEI Number
58-1600157

Applied For
Not Applicable

Zip
30346-2302

Country
DeKalb

Zip
30346-2302

Country
DeKalb

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

City
Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WOODS, DONALD M.
244 PERIMETER CENTER PKWY, NE
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DYSON, J. DAVID
244 PERIMETER CENTER PKWY, NE
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WEST, STEPHEN O.
244 PERIMETER CENTER PKWY, NE
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
STIMPert, MICHAEL A.
244 PERIMETER CENTER PKWY, NE
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEKKERS, JOHN
244 PERIMETER CENTER PKWY, NE
ATLANTA, GA 30346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald M. Woods Donald M. Woods, President 4/29/03 (770) 393-5273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)