

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90063 045 ***150.00

DOCUMENT # P35009

1. Entity Name

AGROVIT, INC.

Principal Place of Business

Mailing Address

4830 W. KENNEDY BLVD.
 SUITE 650
 TAMPA FL 33609

4830 W. KENNEDY BLVD.
 SUITE 650
 TAMPA FL 33609-2578
 US

00054700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3077236

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROWE, JAMES C
RIDEN, EARL & KIEFNER P.A.
100 2ND AVE. S. STE. 400N
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **James C. Rowe**
 Street Address (P.O. Box Number is Not Acceptable)
Rowe & Kiefer, PA
100 2nd Ave S; Ste 12015
 City **St. Petersburg** **FL** Zip Code **33701**

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

James C. Rowe

James C. Rowe

3/28/00

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, 2000 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	S	<input checked="" type="checkbox"/> Delete
NAME	ROWE, JAMES C	
STREET ADDRESS	100 2ND AVE.S. STE. 400N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABASHKIN, SERGEI	
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 650	
CITY-ST-ZIP	TAMPA FL 33766	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHIPALOV, VALERIY	
STREET ADDRESS	4830 W. KENNEDY BLVD., SUITE 650	
CITY-ST-ZIP	TAMPA FL 33766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN A. CHURCHILL, JR.	
STREET ADDRESS	870 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BEACH, FL 33572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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 information empowered.

SIGNATURE:

John A. Churchill, Jr.
John A. Churchill, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

DATE

(727) 586-2618

DAYTIME PHONE #