

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000011243

1. Entity Name

WE GRO-RITE, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90072 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1482 FAIRVIEW RD  
 ANDREWS NC 28901  
 US

1482 FAIRVIEW RD  
~~FAIRVIEW ROAD~~  
 ANDREWS NC 28901-7420  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0388224

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIFORD, LYNDA K  
 101 BIG BEND ROAD  
 RUSKIN FL 33572

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIFORD, ALLEN J.	
STREET ADDRESS	1482 FAIRVIEW RD	
CITY-ST-ZIP	ANDREWS NC	
TITLE	PTDC	<input type="checkbox"/> Delete
NAME	WILLIFORD, LYNDA K	
STREET ADDRESS	1482 FAIRVIEW RD	
CITY-ST-ZIP	ANDREWS NC 28901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELSBERRY, BETH ANN	
STREET ADDRESS	1482 FAIRVIEW RD.	
CITY-ST-ZIP	ANDREWS NC 28901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSBERRY, LORI D	
STREET ADDRESS	101 BIG BEND RD.	
CITY-ST-ZIP	RUSKIN FL 33572	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSBERRY, GLENN	
STREET ADDRESS	101 BIG BEND RD.	
CITY-ST-ZIP	RUSKIN FL 33572	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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		

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: Lynda Kay Williford, President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00  
 Date

(828)321-4371  
 Daytime Phone #

Lynda Kay Williford

CR2E034 (9/99)