2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000011744

Entity Name: AGRIMANAGEMENT, INCORPORATED

Apr 18, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

378 CENTER POINTE CIRCLE 283 CRANES ROOST BLVD

STE 1272 STE 111

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

P O BOX 160811

ALTAMONTE SPRINGS, FL 327160811

FEI Number: 59-3168301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEAZELL, JESSICA B 378 CENTERPOINTE CIRCLE STE 1272

283 CRANES ROOST BLVD ALTAMONTE SPRINGS, FL 32701 SUITE # 111

ALTAMONTE SPRINGS, FL 32701

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.

FEAZELL, JESSICA B

SIGNATURE: 04/18/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KADIS, JACK Name: Name: FEAZELL, JESSICA B

131 HUNTINGTON ROAD 283 CRANES ROOST BLVD, SUITE #111 Address: Address: City-St-Zip: BOSTON, MA 02135 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

() Delete Title: Title: (X) Change () Addition

Name: BARRY, DAVID A Name: FEAZELL, MARCUS E 83 LAZELL ST. 141 SHERIDAN WAY Address: Address: HINGHAM, MA LONGWOOD, FL 32750 City-St-Zip: City-St-Zip:

Title: Title: VST (X) Delete () Change () Addition

FEAZELL, JESSICA B Name: Name: 378 CENTER POINTE CIRCLE STE 1272 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCUS E. FEAZELL 04/18/2002 S