

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003750

1. Entity Name

FLORIDA AG SAFETY GROUP, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90085 034 ***150.00

Principal Place of Business

1245 US 27 SOUTH
SEBRING FL 33870
US

Mailing Address

5506 US 27 NORTH
SEBRING FL 33870-1209

2. Principal Place of Business

118 S. LAke Ave.

Suite, Apt. #, etc.

3. Mailing Address

5825 US 27 North

Suite, Apt. #, etc.

City & State
Avon Park, FL

City & State
Sebring, FL

4. FEI Number 65-0460295

Applied For

☒ Not Applicable

Zip
33825

Country
USA

Zip
33870

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDLIN, FRED J
5606 US 27 NORTH
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)
5825 US 27 North

City
Sebring,

FL

Zip Code
33870

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

Fred J. Sandlin
Fred J. Sandlin

3/27/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P SANDLIN, FRED J 5606 U.S. 27 NORTH SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAINES, ROBERT A 5606 U.S. 27 NORTH SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOUCHTON, E.G. JR. 5606 U.S. 27 NORTH SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELBORN, CHARLES 5606 U.S. 27 NORTH SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5825 US 27 North Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 5825 US 27 North Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 5825 US 27 North Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director 5825 US 27 North Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert A. Gaines
Robert A. Gaines

3/27/00 800-477-5606 ext 319

Date

Daytime Phone #

CR2E034 (9/99)