2008 FOR PROFIT CORPORATION

FILED Apr 04, 2008 8:00 am

	ANNUAL	REPORT				Secret	arv	of St	ate
DOCUMENT # P94000026808 1. Entity Name					Secretary of State 04-04-2008 90028 049 ***150.00				
UNITED A	AGRICULTURAL SERVICES	OF AMERICA, INC.							
Principal Plac	e of Business	Mailing Address			400:	7360			
8721 CASPE HUDSON, FL		8721 CASPER AVE Hudson, FL 34667	•		4.00				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
534 CK 529A 534 CK 529			>9 ↑			# 1864 BIB(4811 8811 1		IB B1181 18111 VB181 1	
Suite, Apt.		Suite, Apt. #, etc.			01112008	Chg-P	CR2	2E034 (12/06)	
City & Stat	e Panasoffkee FL	City & State Lake Pana	s off Kee	e.FL	4. FEI Numb				pplied For ot Applicable
Zip 3-35-3	Country	Zip 33538	Country		5Certificate	of Status Desired	1	\$8.75 Ad	ditional ed
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Register	ed Agent	
PECSENKA, MARK A 8721 CASPER AVE HUDSON, FL 34667			Name						
			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
			534		-R 52			₹ Zio Cor	10
				- Ke fanasoff Kee FL 33538					
	named entity submits this statement for titions of registered agent.	he purpose of changing its re	egistered office or	registere	ed agent, or bo	th, in the State of	Florida. 1 a	am familiar with	, and accept
SIGNATURE Joyos beisente							3-3	1-08	
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: I	Registered Agent signatu	nte tednicec	when reinstating)		DA1	ΤE	
	E NOW!!! FEE IS \$150.00					İ			· · · · · ·
	ay 1, 2008 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib			00 May Be ed to Fees				
10.	ay 1, 2008 Fee will be \$550.00	Trust Fund Contrib	oution.		d to Fees	/CHANGES TO O	FFICERS A	AND DIRECTOR	RS IN 11
10.		Trust Fund Contrib			d to Fees	/CHANGES TO O	FFICERS A	AND DIRECTOR	RS IN 11
	ay 1, 2008 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contrib	11. TITLE NAME	Adde	d to Fees ADDITIONS		FFICERS A		
TITLE NAME STREET ADDRESS	OFFICERS AND DI P PECSENKA, LAJOS G P 8721 CASPER AVE	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS	Adde	ADDITIONS	529 A	•	← Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECSENKA, LAJOS G P 8721 CASPER AVE HUDSON, FL 34667	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adde	ADDITIONS		•	⊌Change 3353	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PECSENKA, LAJOS G P 8721 CASPER AVE HUDSON, FL 34667	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Adde	ADDITIONS	529 A	•	← Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P PECSENKA, LAJOS G P 8721 CASPER AVE HUDSON, FL 34667 VP PECSENKA, MARK A VP	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Adde	ADDITIONS	529 A	•	⊌Change 3353	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P PECSENKA, LAJOS G P 8721 CASPER AVE HUDSON, FL 34667 VP PECSENKA, MARK A VP 534CR 529 A	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Adde	ADDITIONS	529 A	•	⊌Change 3353	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eport as Equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP