2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056629

1. Entity Name

FLORIDA AG REALTY, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90090 050 ***150.00

C0006224

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
876 ORIOLE DR WINTER HAVEN FL 33884 US	876 ORIOLE DR WINTER HAVEN FL 33884 US

2. Principal Place of Business		3. Mailing Address	
5665 Cypress Gardens Blvd.		5665 Cypress Gardens Blvd	
Suite, Apt. #, etc. Ste 5008		Suite, Apt. #, etc. 5008	
City & State Winter Haven, FL		City & State Winter Haven, FL	
Zip 33884	Country US	Zip 33884	Country US

4. FEI Number 59-3259726 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROSBY, BENJAMIN E
876 ORIOLE DR
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5665 Cypress Gardens Blvd, #5008

City Winter Haven FL Zip Code 33884

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] Benjamin E Crosby, President 1/3/2001
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, 2001 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	PD CROSBY, BENJAMIN E ~~876 ORIOLE DR~~ WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 5665 Cypress Gardens Blvd #5008 Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Benjamin E Crosby President 1/3/01 863 324-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)