2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

SIGNATURE:

18118 SE 52ND ST

OCKLAWAHA FL 32183

P94000058931

Mailing Address

P O BX 1376 OCKLAWAHA FL 32183

1. Entity Name AGRA PRODUCTS USA, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90699 037 ***150.00

WE THE

JS	2 02100	US								
2. Principal Pl	ace of Business	3. Mailing Address			7) Q(10 Q10E)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	3	City & State			4. FE	El Number 65-0516534		 	olied For Applicable	
Zip	Country	Zip	Country	,	5. Ce	ertificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current F	Registered Agent			7. Na	ame and Address of New Re	gistered A	gent		
		Name								
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
	BLES FL 33134		-							
	DCTO 1 E 00104		-	City			FL	Zip Code	, 	
ر 				-ffina or roalets		nt or both in the State of Flor		miliar with	and accept	
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered	office or registe	ered age	nt, or bottl, in the State of Hos	ida. Tamia	armical with a	ma accept	
OLONIATURE										
SIGNATURE -	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	gent signature requir	ed when rein	istating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State				Election Campaign Fin Trust Fund Contribution			May Be to Fees	
10.	OFFICERS AND		11.		ADE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHRIMSHER, CHARLOTTE N P O BOX 1376 OCKLAWAHA FL 32183	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	I ADDRESS ST-ZIP				☐ Change	☐ Addition	
12. I hereby indicated of the co	Certify that the information supplied with con this report or supplemental report is rporation or the receiver or trustee empore, or on an attachment with a particles.	s true and accurate and that r owered to execute this report	ny signatu as require	ed by Chapter 6						