

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000041702**

1. Entity Name
BYNUM-AG SERVICES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90056 007 ***150.00

754594



DO NOT WRITE IN THIS SPACE

Principal Place of Business 22000 STATE RD 60 VERO BEACH FL 32966	Mailing Address 22000 STATE RD 60 VERO BEACH FL 32966
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0585804	Applied For ☐
	Not Applicable ☐

6. Name and Address of Current Registered Agent BYNUM, JERRY KEVIN 22000 STATE RD 60 VERO BEACH FL 32966	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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, typed or printed name of registered agent and filer acceptable. (NOTE: Registered Agent's signature required when re-electing))

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 \$650.00 Make Check Payable to Department of State	10. Election Campaign Financing "Trust Fund Contribution" ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BYNUM, JERRY KEVIN 22200 STATE ROAD 60 VERO BEACH FL 32966 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 indicates 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-25-01**

032L034 (10/00)