2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am & Secretary of State DOCUMENT # P96000045029 1. Entity Name 05-14-2002 90313 018 ***158.75 BENDER FERTILIZER EXCHANGE, INC. Principal Place of Business Mailing Address 307 SOUTH EVERS ST POST OFFICE BOX 717 PLANT CITY FL 33566 PLANT CITY FL 33564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3385521 Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENDER, ANDREW H Street Address (P.O. Box Number is Not Acceptable) 307 SOUTH EVERS ST PLANT CITY FL 33566 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **Delete** TITLE ☐ Addition CR2E034 (9/01 BENDER, J C NAME NAME STREET ADDRESS 3009 JIM JOHNSON ROAD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BENDER, ANDREW H NAME STREET ADDRESS 1104 WEST CHERRY STREET STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33566 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_L TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew H. Bender April 25, 2002

813-754-357

Daytime Phone #

FILED