2002 UNIFORM BUSINESS REPORT (UBR)

May 05, 2002 8:00 am secretary of State **DOCUMENT #** P96000101224 1. Entity Name 05-05-2002 90057 045 ***150 00 NEUHOFER GROVE & FARM SERVICE, INC. Principal Place of Business Mailing Address 14328 CURLEY ROAD 14328 CURLEY ROAD DADE CITY FL 33525 DADE CITY FL 33525 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-59-3415196 Not Applicable Zip Country 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 NEUHOFER, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 14328 CURLEY ROAD DADE CITY FL 33525 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, 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 Election Campaign Financing Tax filling 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) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition NEUHOFER, LOUIS A NAME NAME STREET ADDRESS 14328 CURLEY ROAD STREET ADDRESS CITY-ST-ZIP DADE CITY FL CITY-ST-ZIP TITLE DVT Delete TITLE ☐ Change ☐ Addition NAME NEUHOFER, ROBIN M NAME STREET ADDRESS 14328 CURLEY RD~ STREET ADDRESS: CITY-ST-7(P DADE CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NEUHOFER, DANIEL M NAME STREET ADDRESS 14328 CURLEY RD STREET ADDRESS CITY-ST-ZIE DADE CITY FL 33525 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE . ☐ Change ■ Addition NAME NAME :

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034 (9/01)