

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028721

1. Entity Name

~~SMART CHOICE OFFICE SUPPLY INC.~~
~~ASTRONICS, INC.~~ Ag-TRONIX INC

Principal Place of Business

1255 N. 15TH STREET
UNIT #4 #3
IMMOKALEE FL 34142

Mailing Address

POST OFFICE BOX 5241
IMMOKALEE FL 34143-5241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0736908

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUTEN, SONYA L
1255 N. 15TH STREET
UNIT #4 #3
IMMOKALEE FL 34142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Sonya L Tuten - President DATE 3-13-2000

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, 2000 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 P
NAME TUTEN, SONYA L
STREET ADDRESS 1255 N 15TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142

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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: Sonya L Tuten Sonya L Tuten - President 3-13-2000 941 657-5519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90075 048 ***150.00