

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90391 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Agri-Concepts, Inc.
P97000082886

11

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

221 Roosevelt Ave.

Suite, Apt. #, etc.

3. Mailing Address

221 Roosevelt Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-0782464

Applied For

Not Applicable

Zip

33972

Country

Zip

33972

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HORROM, Neal A.

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

221 Roosevelt Ave.

City

Lehigh Acres

FL

Zip Code

33972

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT HORROM, Neal A. 221 Roosevelt Ave Lehigh Acres, FL 33972	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HORROM, Melissa A. 221 Roosevelt Ave. Lehigh Acres, FL 33972	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neal Horrom - Neal Horrom

Date

6/6/02 (239) 369-9806

Daytime Phone #

CR2E034B (12/01)

AGRI-CONCEPTS, INC.

Attached
117732

June 6, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

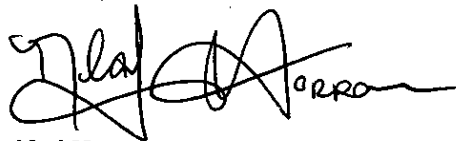
Please accept my apologies for returning this filing beyond the due date of May 1, 2002.

I have always completed this form on time in the past and had intended to do so this year.

I realize that I am subject to additional fees for filing late. However, I would greatly appreciate your consideration in waving these fees. I have enclosed my payment for filing. If you determine that the additional fees are necessary please send me a notice or invoice and I will send the additional amount.

Thank you for your consideration in this matter.

Sincerely,



Neal Horrom
President - Agri-Concepts, Inc.
