

**AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000011693

1. Entity Name

FLORIDA AGRIPROPERTIES, INC.

FILED

02 OCT 14 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
770 West Midway Road

3. Mailing Address
770 West Midway Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Pierce, Florida

City & State
Fort Pierce, Florida

4. FEI Number
650809875

Applied For
Not Applicable

Zip Country
34982 USA

Zip Country
34982 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **FEE, FRANK H. III, ESQ.**

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

401 South Indian River Drive

City **Fort Pierce, FL** Zip Code **34950**

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 registering)

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
**PD
JORGENSEN, NILS C.
770 West Midway Road
Fort Pierce, Florida 34982**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**100008343571--8
-10/14/02--01004--006
*****61.25 *****61.25**

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

SIGNATURE: *Nils C. Jorgensen* **NILS C. JORGENSEN, Pres.** **10/10/02** **772-461-8999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

9/13/10/02