2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P98000021864 MYERS AGRICULTURE SERVICES, INC. 04-19-2001 90049 034 ***150.00 Principal Place of Business Mailing Address 526 CAMPBELL ROAD 526 CAMPBELL ROAD FORT PIERCE FL 34945 FORT PIERCE FL 34945 C0048467 2. Principal Place of Business 3. Mailing Address 1680 Willis 1680 Wil Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0818260 rerce-1 Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, MONTY E 526 CAMPBELL ROAD FORT PIERCE FL 34945 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 11. 12. Change CR2E034 (10/00) TITLE ☐ Delete TITLE MONH NAME MYERS, MONTY E NAME STREET ADDRESS STREET ADDRESS 526 CAMPBELL ROAD CITY-ST-7IP CITY-ST-ZIP FORT PIERCE FL 34945 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS CITY ST-ZIP STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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