2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000038473 May 26, 2000 8:00 am 1. Entity Name **Secretary of State** TODD'S TRACTOR SERVICE, INC. 05-26-2000 90109 006 ***150.00 Principal Place of Business Mailing Address 5035 WEBBER STREET **5035 WEBBER STREET** SARASOTA FL 34240-9742 SARASOTA FL 34232 化工作排除 人名 3. Mailing Address 2. Principal Place of Business HAUCOCK RD 15455 HANCOCK ROAD 5455 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0831701 SARASOTA Not Applicable SASASOTA \$8.75 Additional Zip 5. Certificate of Status Desired 34240 SARASOTA Fee Required SALHSOJA 34840 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOUTRAGEL LAWRENCE BONTRAGER LAWRENCE T-Street Address (P.O. Box Number is Not Acceptable) **5035 WEBBER STREET** SARASOTA FL 34232 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. BONTRAGER FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE TITLE BONTRAGER, LAWRENCE T NAME NAME 15455 HAKLOCK RD **5035 WEBBER STREET** STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34240 Change Change Addition Delete TITLE TITLE BONTRAGER, ANGELA K NAME namè **5035 WEBBER STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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: 2 Signature and typed on printed name of signing of Ficer on Director 3/25/50 941-322-8348

Signature and typed on printed name of signing of Ficer on Director Date Date Date