

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045656

1. Entity Name
TA FERTILIZER, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90040 035 ***150.00

Principal Place of Business 900 THOMAS ROAD LEESBURG FL 34749	Mailing Address P.O. BOX 494152 LEESBURG FL 34749-4152
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DO NOT WRITE IN THIS SPACE

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 59-3523604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GELTZ, THEODORE H JR.
900 THOMAS ROAD
LEESBURG FL 34749

7. Name and Address of New Registered Agent

Name: *Jack M Reiner Jr*
Street Address (P.O. Box Number is Not Acceptable):
900 Thomas Ave
City: *Leesburg* FL Zip Code: *34748*

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: *Jack M Reiner Jr* (NOTE: Registered Agent signature required when reinstating) DATE: *4/21/00*

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

TITLE D	<input checked="" type="checkbox"/> Delete
NAME GELTZ, THEODORE H JR	
STREET ADDRESS 505 NORTH WOODLAND STREET	
CITY-ST-ZIP WINTER GARDEN FL 34787	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Jack M Reiner Jr</i>	
STREET ADDRESS <i>900 Thomas Ave</i>	
CITY-ST-ZIP <i>Leesburg, FL 34748</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *Jack M Reiner Jr* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *4/21/00* Daytime Phone #

CR2E034 (9/99)