

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061795

1. Entity Name  
FLORIDA INDEPENDENT AG SUPPLY, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90003 049 \*\*\*150.00

Principal Place of Business  
815 MIMOSA DRIVE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
815 MIMOSA DRIVE  
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3526278**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**MALBY, RAYMOND H**  
**815 MIMOSA DRIVE**  
**ALTAMONTE SPRINGS FL 32714**

Name

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

City

**FL**

Zip Code

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) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MALBY, RAYMOND H**  
STREET ADDRESS **815 MIMOSA DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

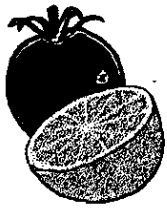
7/17/00

Date

407-774-7513

Daytime Phone #

C-R2E (3/94) (5/00)



**Florida Independent Ag Supply, Inc.**

815 Mimosa Drive  
Altamonte Springs, FL 32714  
Phone: 407-774-7513  
Fax: 407-786-1571  
E-mail: FIAS@aol.com

Attachment  
D#P98000061795  
DW73753

July 17, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document No. P98000061795  
FEI No. 59-3526278

To Whom It May Concern:

I have received 60-day second notice of requirement for filing the 2000 Uniform Business Report. Having never received the first notice, I telephoned and was advised by one of your representatives to complete the filing with the submission of a \$150.00 fee.

Enclosed you will find the necessary completed form and a check for \$150.00 I trust that this will satisfy your requirements. Please call if you have any questions.

Sincerely,

Raymond H. Maltby

/kg  
Enclosures

