2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P98000091418

AGRICULTURAL CROP CONSULTING, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90354 046 ***150.00

Pincipal Place of Euclines 3. Mailing Address 200 CUMRY RIVER DRIVE PARRISH FL 34219 PARRISH FL 34						The second	٠ ١				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country C	2908 COUNTRY RIVER DRIVE			2908 COUNTRY RIVER DRIVE							
City & State Country S. Certificate of Status Desired Set 75 Additional Feet Required Finance Finance City FL Zip Code City FL Zip Cod	2. Principal Pl	lace of Busin	ess	3. Mailing Address				4 18871881 170 18181 18171 BB111 86	ili sa kki sa kk i k	101 BIL 61881	ilaa: Iail iaal
Zip Country Zip Country S. Confication of Status Desired See Required Fee Required See Required Country RIVER DRIVE PARRISH F. J. 34219	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	
Country Country Country Country Country S. Cartificate of Status Deared S4.75 Additional Face Proqued Face P	City & State	9	·	City & State			4. F	El Number 65-0873874			
S. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip	ntry	5. (5. Certificate of Status Desired \$8.75 Additional				
HORNSBY, SARAH 2008 COUNTRY RIVER DRIVE PARRISH FL 34219 City FL Zip Code		6. Name	and Address of Current	Registered Agent					egistered A	gent	
SIGNATURE Street Address (P.) Six humber is Not Acceptable)	HODNODY		·								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and accept the obligations of registered agent. Signature Signature predict premier reason of registered agent agent and rine if equilibrium. (NOTE: Registered Agent appratuse required when ministering) DATE						Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)		
B. The above named analys submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	PARRISH FL 34219									-	,
SIGNATURE Signature, typed or printed name of registered agent and lite if applicables (MOTE Registered Agent signature required when relorating) PILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS SIRET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS SIRE					·	<u> </u>				<u></u>	
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## And Page 1, 2003 Fee will be \$550.00 May Be Added to Fees ## Adde	SIGNATURE _	Signature, typed	or printed name of registered agent	and title if applicable. (NO	OTE: Registere	d Agent signature rec	quired when rei	instating)	DATE		·
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: