

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P99000026205 1. Entity Name AGROPRODIMPEX CORPORATION			
Principal Place of Business ANNESLEY HOUSE, RECTORY RD N. FAMBRIGE CHELMSFORD, ESSEX,		Mailing Address 1591 E. ATLANTIC BOULEVARD SUITE 200 POMPANO BEACH, FL 33060	
2. Principal Place of Business 360 South Shore Drive Suite, Apt. #, etc.		3. Mailing Address 12200 Willow Grove Rd. Suite, Apt. #, etc. Bldg #2	
City & State Sarasota, FL Zip 34234		City & State Camden, DE Zip 19934	
Country USA		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POROSHENKO, ALEXEY ANNESLEY HOUSE RECT RD CHELMSFORD, ESSEX, UK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 800018315878 05/07/03--01002--012 **750.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAYNER, MARK ANNESLEY HOUSE RECT RD CHELMSFORD, ESSEX, UK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mark Rayner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 4/28/03 302-698-0115 </div> <small>Date Original Phone #</small>	

CR2E034 (10/02)

8/6/2