

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90213 022 ***150.00

DOCUMENT # P99000111816

1. Entity Name
AGFORCE, INC.



Principal Place of Business
**14500 SOUTHWEST 248TH STREET
HOMESTEAD FL 33032-5308**

Mailing Address
**PO BOX 924857
HOMESTEAD FL 33092-4857**

2. Principal Place of Business
31700 SW 212 AVE

3. Mailing Address
P.O. Box 901504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, FL

City & State
Homestead, FL

4. FEI Number **65-0970113**

Applied For
Not Applicable

Zip Country
33030 US

Zip Country
33090 US

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

**MORENO, OSCAR B
14500 SOUTHWEST 248TH STREET
HOMESTEAD FL 33032-5308**

Name **OSCAR B. MORENO**

Street Address (P.O. Box Number is Not Acceptable)
31700 SW 212 AVE

City **Homestead** FL Zip Code **33030**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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. ☐ **\$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	DP MORENO, OSCAR B 14500 SOUTHWEST 248TH STREET HOMESTEAD FL 33032-5308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

Date Daytime Phone #

CR2E034 (10/02)