

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24044

1. Entity Name

AGRI STARTS III, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90091 008 ***150.00

Principal Place of Business

19825 S.R. 44
 EUSTIS FL 32736

Mailing Address

1728 KELLY PARK DR
 APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

19825 S.R. 44

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 EUSTIS, FL

4. FEI Number

59-3125476

Applied For

Not Applicable

Zip

Country

Zip

Country

32736

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

RINCK MICHAEL
 1728 KELLY PARK RD
 APOPKA FL 32712

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
 NAME RINCK, MICHAEL
 STREET ADDRESS 1728 KELLY PARK DR
 CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE DP
 NAME RINCK, MICHAEL
 STREET ADDRESS 19825 S.R. 44
 CITY-ST-ZIP EUSTIS, FL 32736 ☒ Change ☐ Addition

TITLE DS
 NAME STRODE, RANDALL
 STREET ADDRESS 1728 KELLY PARK DR
 CITY-ST-ZIP APOPKA FL ☐ Delete

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

TITLE DT
 NAME ABNER, GERALDINE
 STREET ADDRESS 1728 KELLY PARK DR
 CITY-ST-ZIP APOPKA FL ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

RANDALL E. STRODE

4/28/00

(352) 589-8055

Date

Daytime Phone #

CR2E034 (9/99)