



Florida Department of Agriculture and Consumer Services

AGRICULTURAL PRODUCTS DEALER CLAIM FORM

Section 604.21, Florida Statutes

CHARLES H. BRONSON COMMISSIONER

Make check payable and submit forms to:

Florida Department of Agriculture and Consumer Services Post Office Box 6700 Tallahassee, Florida 32314-6700

Phone (850) 922-0153 Fax (850) 921-8312

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files.

Note: All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a

Producer [X] Agent [] Licensed Agricultural Products Dealer [] License Number _____

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

Lukes Bros. Inc.

(Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

(863) - 763 - 3041 Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: 106 S.W. County Road 721

City: Oklawaha

State: FL

Zip: 34974

6. Legal name of Respondent (Dealer):

All Professional Land Services, Inc. A/K/A

(Individual's name, partners names, corporate name, co-op, etc.)

All Pro Land Services

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

RECEIVED OCT 16 PM 7:23 FINANCIAL & ACCOUNTING DEPARTMENT

Received From [Signature] OCT 22 2009

DO NOT WRITE IN THIS SPACE

Org Code: 4206040000 EO: A2

Object Code: 001134

10-02820611-0001 50.00 10/21/2009 Dep#991429

8. Telephone Number of Respondent:

(386) - 624 - 6891 Ext. _____

9. Complete mailing address of Respondent:

Street Address or P.O. Box: 2771 Oak Road

City: Deland State: Fl. Zip: 32720

10. Legal name of Co-Respondent (Surety Company or Financial Institution):

11. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:
 (Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
4/14/09	16 pallets Floratam Sod \$37.50	600.00
	16 Empty Pallets \$5.00	80.00
	1 Freight Charge \$375.00	375.00
	Sales Tax 7.00%	42.00

Total - \$1,097.00

13. Claim Total (Minimum Claim must equal \$500):

\$ 1,097.00

Claim Filing Fee

\$ 50.00

Grand Total

\$ 1,147.00

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FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

- 1. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 2. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 3. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 4. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____
- 5. Date of Sale: _____ Producer: _____
Producer's Address: _____
Commodity: _____ Amount: _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by All Professional Land Services Inc. Alk/A
(Respondent, Agent, or Employee) All Pro Land Services

Manner of Purchase:

After Inspection By Telephone By Telegram
Other Explain _____

Purchased from Lukes Bros. Inc.
(Respondent, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s) Receipt(s) Manifest
Inspection Certificate Shipping Order Telegram
Other Explain _____

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17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in Highlands County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(1), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or co-op, an officer of claimant.)

Signature: Michael A. Milicevic

Print Name: MICHAEL A. MILICEVIC Title: GEN. MGR.

Before me, the undersigned, personally appeared (Owner, Partner or Officer) Michael A. Milicevic, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

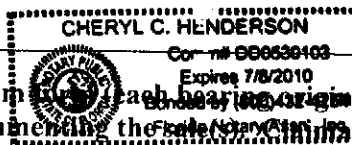
Sworn to and subscribed before me this 13th day of November, 2009.

Cheryl C. Henderson
(Print, Type or Stamp Commissioned Name & Notary Public)

Cheryl C. Henderson
(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires _____



Claimant must submit the original and two copies of the claim (with each bearing original signatures and notarizations) together with three copies of all evidence documenting the sale of the claim. It must provide a \$50 filing fee for each claim filed with the Department.

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