

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90005 022 ***150.00

DOCUMENT # 379978

1. Entity Name

STUART SOD, INC.

Principal Place of Business

Mailing Address

25 LINDEN STREET
 P.O. BOX 2071
 STUART FL 34995-9071

25 LINDEN STREET
 P.O. BOX 2071
 STUART FL 34995-2071

00014229



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1320733**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MEYER, REGINALD O
3490 MARTINIQUE TRACE
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

416 - SMILEY CT.

City

WINTER HAVEN

FL

Zip Code

33884

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MEYER, REGINALD O		
STREET ADDRESS	3490 MARTINIQUE TRACE	416 - SMILEY CT.	
CITY-ST-ZIP	STUART FL	WINTER HAVEN, FL 33884	
VD	MEYER, W H		
STREET ADDRESS	3726 CYPRESS		
CITY-ST-ZIP	PALM BEACH GRDNS FL		
STD	MEYER, MARCUS W		
STREET ADDRESS	354 GARDEN BLVD		
CITY-ST-ZIP	PALM BCH GDNS FL		

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: Marcus W. Meyer **SIGNATURE REQUIRED** MARCUS W. MEYER 1/26/00 561-288-3440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #