

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652943

1. Entity Name

TURF TECH INCORPORATED

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90072 009 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 8383
JACKSONVILLE FL 32239-0383

P.O. BOX 8383
JACKSONVILLE FL 32239-0383

2. Principal Place of Business

3. Mailing Address

2353 ST. JOHNS BLUFF RD S.

2353 ST. JOHNS BLUFF RD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL 32246

JACKSONVILLE FL

Zip

Country

Zip

Country

DUVAL

32246

DUVAL

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREAU, GARY R
13120 MALLARD POND COURT
JACKSONVILLE FL 32224

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

GARY R. MOREAU
Signature, typed or printed name of registered agent and title if applicable.

GARY R. MOREAU

PRESIDENT

DATE

1/28/00

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME MOREAU, GARY R.
STREET ADDRESS 13120 MALLARD POND CT.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME MUDD, JEFF
STREET ADDRESS 7319 MARTINGLEN COURT
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME MOREAU, VICTOR A.
STREET ADDRESS 5059 MARINERS POINT DR.
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete
NAME MOREAU, L
STREET ADDRESS 13120 MALLARD POND CT
CITY-ST-ZIP JAX FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

GARY R. MOREAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 (904) 641-1000

Date

Daytime Phone #