FILED Jul 16, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) 652943 DOCUMENT # 1. Entity Name 07-16-2002 90360 028 ***150.00 TURF TECH INCORPORATED Mailing Address Principal Place of Business 2353 ST JOHNS BLUFF RD 2353 ST JOHNS BLUFF RD JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-1993686 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent - 7.-Name and Address of New Registered Agent -MOREAU, GARY R Street Address (P.O. Box Number is Not Acceptable) 13120 MALLARD POND COURT JACKSONVILLE FL 32224 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE Moreau, Gary R. NAME NAME 13120 MALLARD POND CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP **72224** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MUDD, JEFF NAME NAME 7319 MARTINGLEN COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MOREAU, VICTOR A. NAME 5059 MARINERS POINT DR. STREET ADDRESS STREET ADDRESS Jacksonville fl CITY-ST-7IP CITY-ST-ZIP 32225 Change ☐ Addition ☐ Delete TITLE TITLE MOREAU, L NAME NAME 13120 MALLARD POND CT STREET ADDRESS STREET ADDRESS Jax Fl CITY-ST-ZIP CITY-ST-ZIP 3 2 2 **2 Y** Change ☐ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

7-1-02

Daytime Phone #

641-1000

Change

☐ Addition

2353 ST. JOHNS BLUFF ROAD S. JACKSONVILLE, FL 32246

Turf. Tech

(904) 641-1000 Fax (904) 565-9969

Since 1978

*# 652943 #652943

July 11, 2002

Division Of Corporations Uniform Business Report Filings P.O. BOX 1500 Tallahassee, FL 32302-1500

I am sending you the Uniform Business Report (UPI) send to me along with a check made out to the Department Of State for \$150. I realize that you are asking for \$550, but I have already sent you a check earlier in the year. The only thing I can think of is that it has been lost in the mail. The check hasn't been cashed and I don't know what happened to it. We have been doing business together since 1980 and I hope that you realize I did everything in my control to get the check to you. I also hope that, because of the circumstances, the \$150 will be suitable and that I won't be charged the regular \$400 late fee. If you would like, you can contact me at (904) 641-1000.

Sincerely,

Gary R. Moreau