## 2003 FOR PROFIT CORPORATION

of the corporation or the receive changed, or on an attachment

SIGNATURE

## Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000061661 DOCUMENT # 04-07-2003 91017 013 \*\*\*150.00 1. Entity Name VENICE LAWN EQUIPMENT, INC. Principal Place of Business Mailing Address 4043 S SALFORD BLVD 4043 S SALFORD BLVD NORTH PORT FL 34287 NORTH PORT FL 34287 2. Principal Place of Business 3. Mailing Add 0/4 0/3 HWY 41 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES NICE Applied For City & State City & State 4. FEI Number 03-0454 92 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FULLER, TERRY M 4043 S SALFORD BLVD NORTH PORT FL 34287 registered agent, or both, in the State of Florida. J am familiar with, and accept 8. The above named entity subra is this statement for the purpose of changing its registered office or the obligations of registers **SIGNATURE** (NOTE: Registered Agent signs Signature, typed or pr FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) Change ☐ Addition Delete TITLE FULLER, TEXLY M FULLER, TERRY M 1044 US HWY 41 BYP. S. NAMÈ NAME STREET ADDRESS 4043 S SALFORD BLVD STREET ADDRESS VENICE, PL 34292-3335 NORTH PORT FL 34287 CITY-ST-ZIP CITY-ST-ZIP TITLE SAMS, DANNY R IR ☐ Addition ☐ Delete TITLE SAMS, DANNY R JR NAME 1014 us HWY 41 BYP. S. NAME STREET ADDRESS STREET ADDRESS 4043 S SALFORD BLVD CITY-ST-ZIP NORTH PORT FL 34287 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED