## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

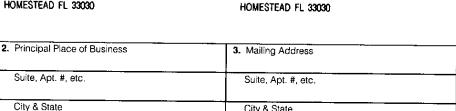
HOMESTEAD FL 33030



Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90181 030 \*\*\*150.00

**FILED** 

323827 **DOCUMENT #** 1. Entity Name HOMESTEAD MOWER CENTER, INC. Principal Place of Business Mailing Address 1000 N FLAGLER AVE





☐ CHECK HERE IF MAKING CHANGES

City & State 4. FEI Number Zip Country Zip Country

1000 N FLAGLER AVE

5. Certificate of Status Desired

59-1723872

Not Applicable

Applied For

\$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

WILLIAMS, TED F 240 NE 16TH ST HOMESTEAD FL 33030

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

City

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. I am familiar with, and accept

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

Name

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME WILLIAMS, TED NAME STREET ADDRESS 240 N.E. 16 ST. STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, SANDRA NAME STREET ADDRESS 240 NE 16 ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP TITLE ☐ Delete - · TITLE ☐ Addition NAME WILLIAMS, KEVIN NAME STREET ADDRESS 240 NE 16 ST STREET ADDRESS CITY-ST-ZIP **HOMESTEAD FL 33030** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered