


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90115 029 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # 379978 1. Entity Name STUART SOD, INC. | |  | |
| Principal Place of Business 25 LINDEN STREET P.O.BOX 2071 STUART FL 34995-2071 | | Mailing Address 25 LINDEN STREET P.O.BOX 2071 STUART FL 34995-2071 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 6. Name and Address of Current Registered Agent | | | |
| WATTS, KATHY E 25 LINDEN ST STUART FL 34997 | | | Name Street Address (if different) City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WATTS, KATHY E 25 LINDEN ST STUART FL 34997 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #