2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 417041** NATIONAL SOD CORPORATION 01-26-2001 90121 040 ***150.00 Principal Place of Business Mailing Address 2370 NE 135TH ST #201 400 N. TAMPA ST NORTH MIAMI FL 33181 2625 PARKTOWER 19680000 **TAMPA FL 33602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1441625 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WETHERINGTON, R. WADE Street Address (P.O. Box Number is Not Acceptable) 2625 PARK TOWER 400 N. TAMPA ST. **TAMPA FL 33602** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEON, ELADIO NAME NAME 7221 N CHURCH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition LEON, PEDRO NAME STREET ADDRESS 2370 NE 135TH ST #201 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33181 CITY-ST-ZIP VD-TITLE Defete: HITLE: Change Addition_ LEON, ISIDRA NAME NAME 8010 LA SERENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition Change LEON, PEDRO NAME NAME 8010 LA SERENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE WETHERINGTON, R. WADE NAME NAME 3321 HENDERSON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 s, with all other like empowere an addres

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PHIN