2002 UNIFORM BUSINESS REPORT (UBR)

Aug 05, 2002 8:00 am Secretary of State **DOCUMENT#** 08-05-2002 90005 021 ***150.00 NU-TURF SOD CO. OF SUNRISE, INC. Principal Place of Business Mailing Address 6203 WEST SUNRISE BOULEVARD 6203 WEST SUNRISE BOULEVARD SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1481979 Not Applicable .Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANUCCI, FRANK W. Street Address (P.O. Box Number is Not Acceptable) 6203 W. SUNRISE BLVD. SUNRISE FL 33313 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Addition FANUCCI, FRANK W. NAME 6203 W SUNRISE BLV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-7iP TITLE ☐ Delete TITLE Change Addition NAME FANUCCI, KATHY NAME STREET ADDRESS 6203 W. SUNRISE BLVD. STREET ADDRESS CITY-ST-7IP SUNRISE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

AUG - 1 2002

☐ Change

☐ Addition

HHachment 9729

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Wednesday, July 17, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl 32302-1500

Re: Nu-Turf Sod Co. of Sunrise, Inc.

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_ Dear Sir_or Madam:

Enclosed please find our U B R. Please accept our check for \$150.00 and abate the late filing fee. Since we took over the business we have never filed this report late. The reason it is late this year is because we never received the original report.

Please contact us at 954-584-1270 if there is anything else you need. Thank you.

Sincerely,

Frank Fanucci

President