2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30957

1. Entity Name

AQUA-TURF, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90079 006 ***150.00

Principal Place of Business	Mailing Address
1860 ORANGE ST OVIEDO FL 32765 US	1860 ORANGE ST OVIEDO FL 32765-9165 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1860 ORANGE ST.	1860 ORANGE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO FL.	City & State: OVIEDO FL.
Zip: 32765 Country:	Zip: 32765 Country:

4. FEI Number 59-2185299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MICHAEL
1860 ORANGE ST
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE ______________________________
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	3812 HERITAGE OAKS G	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DC	☐ Delete
NAME	GREEN, MICHAEL	
STREET ADDRESS	3812 HERITAGE OAKE CT	
CITY-ST-ZIP	OVIEDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: Michael A Green REQUIRED 1/24/00 (407) 365-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #