2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G36655 DOCUMENT

1. Entity Name

SIGNATURE:

TALLAHASSEE SOIL TECH, INC.



J

FILED
an 31, 2003 8:00 am
Secretary of State
01-31-2003 90380 039 ***150.00

850 576 1281

Daytime Phone #

Principal Place 3045 WEST TI TALLAHASSEE		Mailing Address 3045 WEST THARPE ST. TALLAHASSEE FL 32303								
2. Principal P	lace of Business	3. Mailing Address]			8))	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4,	FEI Number 59-2283246		pplied For ot Applicable		
Zip	Country Zip		Coun	Country		Certificate of Status Desired	1 7	8.75 Add		
	6. Name and Address of Curren	t Registered Agent	egistered Agent		7. Name and Address of New Registered Agent					
PIOLIOD 4		Name .								
	DONALD B PROISE CT.		Street Addres			(P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE FL 32308									
iv.				City	FL Zip Code					
	named entity submits this statement ions of registered agent.							niliar with,	and accept	
1	Signature, typed or printed name of registered age	nt and title it applicable. (NOTE	E: Registere	d Agent signature requ	ired when re	einstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Rayable to Florida Department					Election Campaign Financ Trust Fund Contribution.	ing 🗆		May Be to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		AC	DDITIONS/CHANGES TO OFFICER	RS AND D	PIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PST BISHOP, DONALD 2009 AMBIOSE COURT TALLAHASSEE FL 32308			E E EET ADORESS - ST - ZIP			í	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DONALD B 2009 AMBIOSE COURT TALLAHASSEE FL 32308	☐ Delete	Delete TITLE NAM STRE CITY				[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, CAROL S 2009 AMBIOSE COURT TALLAHASSEE FL 32308						ĺ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, CLAYTON E 2830 PINE RIDGE ROAD TALLAHASSEE FL	☐ Delete		1			[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	Addition	
indicated	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that m	nv sianat	ure shall have th	e same l	legal effect as if made under oath:	that I am	an officer (or director	

WED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR