

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90250 001 ***150.00

DOCUMENT # G78972

1. Entity Name
TU-CO PEAT, INC.

Principal Place of Business

Mailing Address

**4700 BEAR RD
 SEBRING FL 33872
 US**

**-4700 BEAR RD
 -SEBRING FL 33872
 -US**

2. Principal Place of Business

3. Mailing Address **CORPORATE OFFICE**

4700 BEAR ROAD

4665 US 27 SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

4. FEI Number **59-2348482**

Applied For

Not Applicable

Zip

Country

33872

USA

Zip

Country

33870-5527

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUBBS, MICHAEL L.
 4700 BEAR RD
 SEBRING FL 33872**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **TUBBS, MICHAEL L.**
 STREET ADDRESS **4700 BEAR ROAD**
 CITY-ST-ZIP **SEBRING FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **TUBBS, RAYMOND A.**
 STREET ADDRESS **4700 BEAR RD**
 CITY-ST-ZIP **SEBRING FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **TUBBS, SHEILA T.**
 STREET ADDRESS **4700 BEAR RD**
 CITY-ST-ZIP **SEBRING FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Tubbs

Feb. 01, 2001

Date

(863) 382-2043

Daytime Phone #

CR2E034 (10/00)