

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90200 042 ***158.75

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DOCUMENT # G79392

1. Entity Name
GOLF TRACTOR, INC.



Principal Place of Business
**391 N PINE MEADOW DR
DEBARY FL 32713**

Mailing Address
**391 N PINE MEADOW DR
DEBARY FL 32713**



2. Principal Place of Business

3. Mailing Address

391 N PINE MEADOW DR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DEBARY FL.

City & State

4. FEI Number **59-2364636**

Applied For
Not Applicable

Zip
32713

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACONTE, RICHARD, JR.
391 N PINE MEADOW DR
DEBARY FL 32713**

Name **NONE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **NONE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LACONTE, RICHARD, JR.
391 N PINE MEADOW DR
DEBARY FL 32713** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- NONE - ☐ Change ☐ Addition

TITLE
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- NONE - ☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)