

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90002 022 ***158.75

DOCUMENT # H97614

1. Entity Name
JAX SOD SERVICE, INC.

Principal Place of Business

RT. 2, BOX 353
MACCLENNEY FL 32063

Mailing Address

RT. 2, BOX 353
MACCLENNEY FL 32063

2. Principal Place of Business

481 Cardinal Lane

Suite, Apt. #, etc.

Macclenny, Fl.

City & State

32063 Baker

Zip

Country

3. Mailing Address

481 Cardinal Lane

Suite, Apt. #, etc.

Macclenny, Fl.

City & State

32063 Baker

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2651034

Applied For
Not Applicable

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

RAUBERSOU, BERNICE
ROUTE 2, BOX 353
MACCLENNEY FL 32063

Name

Raulerson, Bernice

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

481 Cardinal Lane

Macclenny, Fl.

City

FL

Zip Code

32063

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 R&R Sod, Inc.
Signature, typed or printed name of registered agent and title if applicable.

Bernice Raulerson
(NOTE: Registered Agent signature required when reinstating)

4/24/01
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	P	<input type="checkbox"/> Delete
NAME	RAULERSON, BERNICE	
STREET ADDRESS	ROUTE 2, BOX 353	
CITY-ST-ZIP	MACCLENNEY FL 32063	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAULERSON, TONI	
STREET ADDRESS	ROUTE 2, BOX 353	
CITY-ST-ZIP	MACCLENNEY FL 32063	
TITLE	ST NOT	<input type="checkbox"/> Delete
NAME	PICKERSING, DONNA	
STREET ADDRESS	ROUTE 2, BOX 353	
CITY-ST-ZIP	MACCLENNEY FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raulerson, Bernice	
STREET ADDRESS	481 Cardinal Lane	
CITY-ST-ZIP	Macclenny, Fl 32063	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raulerson, Toni	
STREET ADDRESS	481 Cardinal Lane	
CITY-ST-ZIP	Macclenny, Fl 32063	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pickersing, Donna	
STREET ADDRESS	481 Cardinal Lane	
CITY-ST-ZIP	Macclenny, Fl 32063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bernice Raulerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 Date
(904)259-4152 Daytime Phone #

CR2E034 (10/00)