

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90014 047 \*\*\*550.00

0415137

**DOCUMENT # J65861**

1. Entity Name

**SODCUTTERS, INC.**

Principal Place of Business

69 SINCLAIR DRIVE  
 10011 FRUITVILLE ROAD  
 SARASOTA FL 34240  
 US

Mailing Address

69 SINCLAIR DRIVE  
 10011 FRUITVILLE ROAD  
 SARASOTA FL 34240  
 US

00063204

2. Principal Place of Business

69 Sinclair Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

69 Sinclair Drive  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2797388

Applied For

Not Applicable

Zip

34240

Country

US

Zip

34240

Country

US

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANSON, ROBERTA S.  
 69 SINCLAIR DR  
 SARASOTA FL 34240

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

*Roberta S. Hanson*

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

TITLE DP  
 NAME HANSON, ROBERTA S  
 STREET ADDRESS 470 MORGAN CIRCLE  
 CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE DVPT  
 NAME HANSON, ROBERT A  
 STREET ADDRESS 470 MORGAN CIRCLE  
 CITY-ST-ZIP NOKOMIS FL ☒ Delete

TITLE VP  
 NAME KELLEY, TRACI LYNN  
 STREET ADDRESS 470 MORGAN CIRCLE  
 CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

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 information covered.

SIGNATURE:

*Traci Lynn Kelley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 941-378-3020  
 Date Daytime Phone #

CR2E034 (10/00)