

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 27, 2002 8:00 am Secretary of State

05-21-2002 91161 030 ****61.25

DOCUMENT # N00000001991

1. Entity Name

SAVE OKEECHOBEE SOIL, INC.

Principal Place of Business

Mailing Address

55 EAST OCEAN BLVD.
STUART FL 34994

55 EAST OCEAN BLVD.
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1019737

Applied For

Not Applicable

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

GUY, WILLIAM E JR.
55 EAST OCEAN BLVD.
STUART FL 34994

Name

BRENDA K. BURNS

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

4409 SE. BAYSHORE TERRACE

City

STUART

FL

Zip Code

34997

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

Brenda K. Burns (registered agent)

6-22-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PSTD**
STREET ADDRESS **BURNS, BRENDA K**
CITY-ST-ZIP **4409 S.E. BAYSHORE TERRACE**
STUART FL 34994

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VPD**
STREET ADDRESS **BURNS, JAMES A**
CITY-ST-ZIP **4409 S.E. BAYSHORE TERRACE**
STUART FL 34994

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **BURNS, KIMBERLY**
CITY-ST-ZIP **4409 S.E. BAYSHORE TERRACE**
STUART FL 34994

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 14 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

Daytime Phone #

CR2E037 (9/01)