2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002454

May 16, 2002 8:00 AM Secretary of State

Entity Name: TURF EQUIPMENT SERVICE TECHNICIANS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

POST OFFICE BOX 623 ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 623 ESTERO, FL 33928

FEI Number: 59-3438476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOOPMAN, GEORGE M 797 WALKER BLVD. NAPLES, FL 34110 US

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:

City-St-Zip:

Electronic Signature of Registered Agent

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

NAPLES, FL 34103

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KOOPMAN, GEORGE M
 Name:
 TEDESCO, JAMES J

 Address:
 797 WALKER BLVD.
 Address:
 2290 55TH TERRACE SW.

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34116

Title:VPD () DeleteTitle:VPD (X) Change () AdditionName:ANGELOVICH, GREGName:CHANDLER, NOELAddress:1209 S.E. 32ND STREETAddress:1855 SOLANA ROAD

Title: SD () Delete Title: () Change () Addition

 Name:
 COOK, TIM
 Name:

 Address:
 3170 S. HORSESHOE DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 JIMENEZ, JÖRGE L
 Name:
 ANDREE, GLEN R

 Address:
 915 ANZA AVE
 Address:
 21580 BRIXHAM RUN LOOP

 City-St-Zip:
 LEHIGH ACRES, FL 33971
 City-St-Zip:
 ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. TEDESCO PD 05/16/2002