

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009074

1. Entity Name
TURF CARE AND EQUIPMENT TECHNICIANS, INC.

FILED

01 OCT -9 PM 5:38

SECRETARY OF STATE

Principal Place of Business
12607 CLENDENNING
TAMPA FL 33624Mailing Address
12607 CLENDENNING
TAMPA FL 33624

| | | | |
|---|-----------------|--|-----------------|
| 2. Principal Place of Business 6280 150th Ave N. | | 3. Mailing Address 6280 150th Ave N | |
| Suite, Apt. #, etc. Unit A | | Suite, Apt. #, etc. Unit A | |
| City & State CLW, FLA. | | City & State CLW, FLA. | |
| Zip 33760 | Country U.S. | Zip 33760 | Country U.S. |

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3592603 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PENARANDA, ROBERTO
12607 CLENDENNING
TAMPA FL 33624

7. Name and Address of New Registered Agent

| |
|---|
| Name McLain Keith Brien |
| Street Address (P.O. Box Number is Not Acceptable) 14661 64th N. |
| City Clearwater FL Zip Code 33760 |

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

(NOTE: Registered Agent signature required when reinstating)

DATE 9-11-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENARANDA, ROBERTO 12607 CLENDENNING TAMPA FL 33624 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLAIN, KEITH 14661 64TH ST. N. CLEARWATER FL 33760 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McLain Beth Ann 14661 64th N. Clearwater FLA. 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 689, 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: Brien Keith McLain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)