2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000020568 **DOCUMENT#**

1. Entity Name

SANTA ROSA SOD, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90166 020 ***150.00

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Principal Place of Business ' 5000 LUMAN SHELL RD. JAY FL 32565			Mailing Address 5000 LUMAN SHELL RD. JAY FL 32565									
Principal Place of Business 3. Mailing Add					ddress				! 1001/10 1 % 11 001/1 1 01/1 1 01/1 001/1	38 113 80 130 310	 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State	е		City & State				-	4. FEI Number 59-3635846 Applied I Not Appl			plied For t Applicable	
Zip		Country	Zip Cour			itry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Reaistere	d Agent				7. N	lame and Address of New Re	gistered A	gent	
VI Hallo alla Havis						Name						
MODAE OURISTONIES T								•				
MCRAE, CHRISTOPHER T					Street Address			(P.O. Box Number is Not Acceptable)				
1677 MAHAN CENTER BLVD.					,							
TALLAHAS	SSEE FL 32											
TALL WE TO	JOLL I L OL	000										
						City				FL	Zip Code	e
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOT	E: Registere	d Agent signatu	re required wh	hen reir	instating)	DATE		
							• • • • • • • • • • • • • • • • • • • •	Т				
		! FEE IS \$150.00 [*]							9. Election Campaign Fina	ancing	\$5.0	O May Be
After	r May 1, 200	3 Fee will be \$550.00							Trust Fund Contribution			to Fees
Make Check	Payable to	Florida Department of	State									
10. OFFICERS AND DIRECTORS					11.			ADD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	5 IN 11
		OTTIOENS AND	Diricoro		_			, ,,,,,,			☐ Change	Addition
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NAME	CARTER, I				NAM	l l						
STREET ADDRESS	5000 LUMAN SHELL RD.				EET ADDRESS							
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TITLE	D			☐ Delete	TITL	E					Change	☐ Addition
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VIII - 31 - ZIF	JAT FL 32	303										
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CITT-31-ZIF		. 51			Citt	-31-211						
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CITY-ST-ZIP						-ST-ZIP						
	L	***										
12. I hereby o	certify that the	e information supplied with	this filing	does not qualify fo	r the exe	emption state	ed in Sect	tion 1	119.07(3)(i), Florida Statutes. I legal effect as if made under o	turther certi	ty that the in	ntormation or director
of the cor	rooration or th	ne receiver or trustee empo	owered to	execute this report	as requi	ired by Chai	pter 607. I	Florid	egar effect as it made under o da Statutes; and that my name	appears in	Block 10 or	Block 11 if
changed,	, or on an atta	achment with an address, v	with all oth	er like empowered		,			,			

SIGNATURE:

850-675-3876

Daytime Phone #