

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037171

1. Entity Name

J & G SOD, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90012 017 ***150.00

Principal Place of Business

2220 SE 19TH AVENUE
CAPE CORAL FL 33990

Mailing Address

P.O. BOX 150127
CAPE CORAL FL 33915

2. Principal Place of Business

2220 SE 19th Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 150127

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0998238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EADS, GARY W
2220 SE 19TH AVENUE
CAPE CORAL FL 33990

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

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 ☒ Delete
NAME ~~D CONTRERAS, JESUS~~
STREET ADDRESS ~~P.O. BOX 150127~~
CITY - ST - ZIP ~~CAPE CORAL FL 33915~~

TITLE ☐ Delete
NAME EADS, GARY W
STREET ADDRESS 2220 SE 19TH AVENUE
CITY - ST - ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

941-945-1781

Daytime Phone #

0635356

CR2E034 (10/00)