

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114422

1. Entity Name

ARD SOD FARMS, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 020 ***158.75

00167

Principal Place of Business

PO BOX 348
MIDWAY FL 32343-0348

Mailing Address

PO BOX 348
MIDWAY FL 32343-0348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEEKER, VAN P
1322 THOMASWOOD DR.
TALLAHASSEE FL 32312

Name: Brenda K. Ard
Street Address (P.O. Box Number is Not Applicable)
88 Yvonne Ct.
Midway,
City FL 32343

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. Ard DST
Signature, typed or printed name of registered agent and 1001 signature fee

(NOTE: Registered Agent signature required when reinstating)

3/28/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME ARD, WILMER M JR
STREET ADDRESS 88 YVONNE CT
CITY-ST-ZIP MIDWAY FL 32343

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

TITLE DST ☐ Delete
NAME ARD, BRENDA K
STREET ADDRESS 88 YVONNE CT.
CITY-ST-ZIP MIDWAY FL 32343

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

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TITLE ☐ Change ☐ Addition
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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:

Brenda K. Ard DST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 (850) 539-9139
Date Daytime Phone #

CR2E034 (10/00)