

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90020 005 ***158.75

DOCUMENT # P01000002432

1. Entity Name
SOUTHLAKE MOWER & SAW INC.

Principal Place of Business

756 W. BROAD STREET
GROVELAND FL 34736

Mailing Address

756 W. BROAD STREET
GROVELAND FL 34736

2. Principal Place of Business

45 N. Bluff Lake Rd
 Suite, Apt. #, etc.

3. Mailing Address

45 N. Bluff Lake Rd
 Suite, Apt. #, etc.

City & State

Mascotte, FL

City & State

Mascotte, FL

Zip

34753

Country

USA

Zip

34753

Country

4. FEI Number

59-3685865

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ALIGOOD, JAMES C SR.
756 W. BROAD STREET
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name **JAMES A. WORTHING**

Street Address (P.O. Box Number is Not Acceptable)

45 N. Bluff Lake Rd

City

Mascotte

FL

Zip Code

34753

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 **JAMES A. WORTHING President**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-02

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, 2002 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	D <input checked="" type="checkbox"/> Delete
NAME	ALIGOOD, JAMES C SR.
STREET ADDRESS	756 W. BROAD STREET
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	D <input type="checkbox"/> Delete
NAME	WORTHING, JAMES A
STREET ADDRESS	756 W. BROAD STREET
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ALIGOOD, SHEILA M
STREET ADDRESS	756 W. BROAD STREET
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	D <input type="checkbox"/> Delete
NAME	WORTHING, DEBORAH E
STREET ADDRESS	756 W. BROAD STREET
CITY-ST-ZIP	GROVELAND FL 34736
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 **JAMES A. WORTHING** **4-14-02** **352-429-3271**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)