## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P01000007141 **DOCUMENT #**



## **FILED** Mar 26, 2003 8:00 am Secretary of State

RALPH'S	SOD SERVICE, INC.	03-26-2003 90183 037 ***150.00							
Principal Place of Business 3347 14TH AVENUE S.E. RUSKIN FL 33570  Mailing Address 3347 14TH AVENUE S.E. RUSKIN FL 33570									
2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3709814 Applied For Not Applicable				
Zip	Country .	Zip	Cour	ntry	5. Certificate of Status Desir		\$8.75 Add		
	6. Name and Address of Curre	nt Registered Agent		ļ	7. Name and Address of N	ew Registered	Agent		1
				Name	December 1	1 1 1 2 5		` <u>.</u>	
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RUSKIN FI					,				
HUONIN FI	L 33370						7:0-4		┨
8. The above named entity submits this statement for the purpose of changing its register				City		FL			
8. The above the obligation	named entity submits this statementions of registered agent.	t for the purpose of changing	its register	ed office or regis	tered agent, or both, in the State	or Florida. Tam	tamilai wiiii,	апо ассері	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (h	NOTE: Registere	ed Agent signature requ	ired when reinstating)	DATE			-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaig Trust Fund Contri			<b>0</b> May Be I to Fees	
·		ND DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11	1
10.	D	Delete	TITL				☐ Change	☐ Addition	18
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

QUIREG<sub>rma Diaz</sub>