

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90806 044 ***150.00

DOCUMENT # **P01000118498**

1. Entity Name
ROSA ECKERFIELD'S MOWING & HAYING, INC.

Principal Place of Business Mailing Address
PO BOX 1203 **PO BOX 1203**
DOVER FL 33527 **DOVER FL 33527**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5709 Luckasavage Rd. **5709 Luckasavage Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Plant City FL **Plant City FL** **59-3761331** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
33567 **Hillsborough** **33567** **Hillsborough**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ECKERFIELD, ROSA E Name
5709 LUCKASAVAGE ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANT CITY FL 33567 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: *Rosa E. Eckerfield* DATE: **4/19/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERFIELD, ROSA E PO BOX 1203 DOVER FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eckerfield, Rosa E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5709 Luckasavage Rd. Plant City FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKERFIELD, WILLIAM C JR PO BOX 1203 DOVER FL 33527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eckerfield, William C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5709 Luckasavage Rd. Plant City FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosa E. Eckerfield* DATE: **4/19/02** DAYTIME PHONE #: **(813-7374845)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

