

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90139 049 \*\*\*150.00

**DOCUMENT # P02000001923**

**1. Entity Name**  
**SPECIALTY TURF EQUIPMENT SALES, INC.**



**Principal Place of Business**  
**1610 HYACINTH AVE**  
**SEBRING FL 33875**

**Mailing Address**  
**1610 HYACINTH AVE**  
**SEBRING FL 33875**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**30-0027300**

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**

**7. Name and Address of New Registered Agent**

**MCLEAN, DOUGLAS**  
**2707 GREENACRE DR**  
**SEBRING FL 33872**

Name **BANKO, RICHARD**

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

**1610 HYACINTH AVE.**

City **SEBRING, FLA.** ~~SEBRING~~ **FL** Zip Code **33875**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *Richard Banko* President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/03  
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 Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PVST** ☒ Delete  
NAME **BANKO, RICHARD**  
STREET ADDRESS **1610 HYACINTH AVE**  
CITY-ST-ZIP **SEBRING FL 33875**

TITLE **PS** ☒ Change ☐ Addition  
NAME **BANKO, RICHARD**  
STREET ADDRESS **1610 HYACINTH AVE**  
CITY-ST-ZIP **SEBRING, FLA. 33875**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP, T** ☐ Change ☒ Addition  
NAME **BANKO, MARSHA**  
STREET ADDRESS **1610 HYACINTH AVE**  
CITY-ST-ZIP **SEBRING, FLA. 33875**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**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 all other like empowered.**

**SIGNATURE:** *Richard Banko* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 863-382-6021  
Date Daytime Phone #

CR2E034 (10/02)