

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90115 040 \*\*\*550.00

0465797  
AV

**DOCUMENT # P02000003102**

1. Entity Name  
**SOD TO GO, CORP.**



Principal Place of Business  
**6307 SOUTH 16TH AVENUE  
TAMPA FL 33619**

Mailing Address  
**6307 SOUTH 16TH AVENUE  
TAMPA FL 33619**

2. Principal Place of Business  
**6305 S 16th Ave.**

3. Mailing Address  
**6305 S 16th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**043590723**

Applied For  
Not Applicable

Zip  
**33619**

Country  
**Hillsborough**

Zip  
**33619**

Country  
**FL**

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

**FUENTES, ALFREDO  
6307 SOUTH 16TH AVENUE  
TAMPA FL 33619**

Name

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required 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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Alfredo Fuentes (President)**  
**6307 S 16th Ave.**  
**Tampa FL 33619**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Abel A. Fuentes (Vice Pres.)**  
**6305 S 16th Ave.**  
**Tampa FL 33619**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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 all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)