

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90286 012 ***150.00

DOCUMENT # P02000084992

1. Entity Name
JCA TURF, INC.



Principal Place of Business
**11780 ST. ANDREWS PLACE
APT. 105
WELLINGTON FL 33414**

Mailing Address
**11780 ST. ANDREWS PLACE
APT. 105
WELLINGTON FL 33414**

10000100



2. Principal Place of Business

4220 SAN MARINO BLVD

3. Mailing Address

4220 SAN MARINO BLVD

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

107

City & State

WEST PALM BEACH FL

City & State

WEST PALM BCH., FL.

Zip

33409

Country

USA

Zip

33409

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0636792

Applied For

Not Applicable

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

**NOWICKI, MARK J
14155 U.S. HIGHWAY ONE
SUITE 210
JUNO BEACH FL 33408**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ARLINE, JERRY C JR.	11780 ST. ANDREWS PLACE, APT. 105	WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	ARLINE, CAROL H	11780 ST. ANDREWS PLACE, APT. 105	WELLINGTON FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

2/14/03

Date

Daytime Phone #

CR2E034 (10/02)