2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: MAGNUM MULCHING MOWERS, INC.

Current Principal Place of Business:

7269 BEE RIDGE ROAD
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

7269 BEE RIDGE ROAD
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0373927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I ESQ.
FOWLER, WHITE, GILLEN, BOGGS, ET AL
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	EDWARDS, JOHN W	
Address:	1980 S.W. CLEVEL ROAD	
City-St-Zip:	ARCADIA, FL 34266	
Title:	EVPS	( ) Delete
Name:	EDWARD, KAREN P	
Address:	1980 SW CLEVEL ROAD	
City-St-Zip:	ARCADIA, FL 34266	
Title:	TD	( ) Delete
Name:	EDWARD, KAREN P	
Address:	1980 SW CLEVEL ROAD	
City-St-Zip:	ARCADIA, FL 34266	
Title:	D	( ) Delete
Name:	KHANT, RANCHHOD	
Address:	50 BAHAMA CIRCLE	
City-St-Zip:	TAMPA, FL 33606	
Title:	V	( ) Delete
Name:	TITMUS, MICHAEL S	
Address:	10328 ASHLEY OAK DRIVE	
City-St-Zip:	RIVERVIEW, FL 33569	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN P. EDWARDS EVPS 04/30/2002

Electronic Signature of Signing Officer or Director Date