

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

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90068 013 ***150.00

DOCUMENT # **P93000029495**

1. Entity Name

Emerald City Sod, Inc.

DO NOT WRITE IN THIS SPACE

80057688

2. Principal Place of Business

3011 Douglas St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2188

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0406387

☒ Applied For

☐ Not Applicable

Zip

33916

Country

Zip

33902

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Johnny Graham

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

3011 Douglas St.

City

Ft. Myers

FL

Zip Code

33916

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnny Graham, President 3011 Douglas St. Ft. Myers, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emma Graham, Vice President 3011 Douglas St. Ft. Myers, FL 33916
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

John M. Schenker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

239.633.6368

Daytime Phone #

CR2E034B (12/01)