

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90060 045 ***150.00

DOCUMENT # P94000008407

1. Entity Name

TURFMASTER LAWN & ORNAMENTAL CARE, INC.

Principal Place of Business

**370 MONROE RD
 SANFORD FL 32771
 US**

Mailing Address

**P.O BOX 1012
 DEBARY FL 32713
 US**

2. Principal Place of Business

3. Mailing Address

PO Box 531012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DeBary, FL

Zip

Country

Zip

Country

32153-1012

US

4. FEI Number

59-3216619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOHLER, GALE M
 7 ROSEDOWN BOULEVARD
 DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name

Kohler, Gale

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

51 Gracie Rd.

City

DeBary

FL

Zip Code

32713

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	KOHLER, STEPHEN G.	
STREET ADDRESS	51 GRACIE RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, DOUGLAS C.	
STREET ADDRESS	166 BRIARWOOD DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOHLER, GALE M	
STREET ADDRESS	51 GRACIE RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gale Kohler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

407-321-9927

Daytime Phone #

CR2E034 (9/01)