2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

LAKE WALES FL 33859-0869

P.O. BOX 869

DOCUMENT # **P94000010203**

R & G SOD FARMS, INC.

Principal Place of Business

15369 COUNTY RD 512

FELLSMERE FL 32948

US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3225278 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, C B II Street Address (P.O. Box Number is Not Acceptable) 130 E CENTRAL AVE LAKE WALES FL 33853 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Delete TITLE RESMONDO, GARY L NAME STREET ADDRESS STREET ADDRESS P O BOX 869 N/A CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33859-0869 ☐ Addition ☐ Change Delete TITLE GRESSINGER, WILLIAM D JR NAME NAME STREET ADDRESS P O BOX 869 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LAKE WALES FL 33859-0869** ☐ Change Addition ☐ Delete TITLE TITLE GRESSINGER, WILLIAM D JR NAME STREET ADDRESS P O BOX 869 N/A STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33859-0869 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

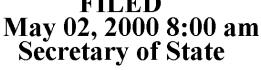
NAME

TITLE

NAME

FILED

05-02-2000 90118 010 ***150.00



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 his 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 the empowered.

SIGNATURE:

changed, or on an attachment with an address

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Daytime Phone #

Change

Change

☐ Addition

Addition