

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034412

1. Entity Name
GATOR SOD & LAWN SERVICES, INC.

Principal Place of Business
8103 TANGLEWOOD LANE
TAMPA FL 33615

Mailing Address
8103 TANGLEWOOD LANE

TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country
6. Name and Address of Current Registered Agent
CHAVEZ, EDWARD
8103 TANGLEWOOD LANE
TAMPA FL 33615

7. Name and Address of New Registered Agent

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

PD Delete
CHAVEZ, EDWARD
8103 TANGLEWOOD LANE
TAMPA FL 33615

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TD Delete
CHAVEZ, ELISET
8103 TANGLEWOOD LANE
TAMPA FL 33615

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD Delete
CHAVEZ, ERNESTO
4512 W. HIAWATHA STREET
TAMPA FL 33614

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition
TITLE
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01 813-884-8641

Date

Daytime Phone #

APR2000
AV

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 027 ***558.75



DO NOT WRITE IN THIS SPACE

CRE034 (5/01)