

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90072 042 \*\*\*150.00

**DOCUMENT # P95000081713**

1. Entity Name  
**SPORTURF SERVICES, INC.**

Principal Place of Business  
**5404 ROSE MARIE AVE. SOUTH**  
**BOYNTON BEACH FL 33437**

Mailing Address  
**5404 ROSE MARIE AVE. SOUTH**  
**BOYNTON BEACH FL 33437**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9494 Sun Pointe Dr.**  
 Suite, Apt. #, etc.  
**BOYNTON BEACH, FL**  
 City & State  
**B**

3. Mailing Address  
**9494 Sun Pointe Dr.**  
 Suite, Apt. #, etc.  
**BOYNTON BEACH, FL**  
 City & State

4. FEI Number **65-0617374** Applied For  
 Not Applicable

Zip **33437-3342** Country **USA**  
 Zip **33437-3342** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEVESON, TODD O**  
**5404 ROSE MARIE AVE. SOUTH**  
**BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name **TODD O. STEVENSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9494 Sun Pointe Drive**  
**BOYNTON BEACH, FL 33437-3342**  
 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]** **PRESIDENT (TODD O. STEVENSON, PRESIDENT)** 2/12/02  
 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	PS	<input type="checkbox"/> Delete
NAME	STEVENSON, TODD	
STREET ADDRESS	5404 ROSE MARIE AVE. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	STEVENSON, JANE L	
STREET ADDRESS	5404 ROSE MARIE AVE. SOUTH	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD O. STEVENSON	
STREET ADDRESS	9494 Sun Pointe Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437-3342	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE L STEVENSON	
STREET ADDRESS	9494 Sun Pointe Drive	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437-3342	
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
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 the state 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]** **PRESIDENT (TODD O. STEVENSON, PRESIDENT)** 561 734 9269  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)