

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91520 016 ***125.00

05-29-2002 93598 003 ***25.00

DOCUMENT # **P960000028012**1. Entity Name **COMMERCIAL MOWERS Int.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1950 MURRELL ROAD3. Mailing Address
P.O. Box 561223Suite/Apt. #, etc.
6

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ROCKLEDGECity & State
ROCKLEDGE, FLORIDA4. FEI Number
593370014Applied For
Not ApplicableZip
32955Country
U.S.A.Zip
32956-1223Country
USA5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CSC

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

1201 HAYS ST.City
TALLAHASSEE**FL**Zip Code
32301

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 \$81.25

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

**PRESIDENT
ROY TROUT
P.O. Box 561223
ROCKLEDGE, FL. 32956-1223**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (321)633-9991

Date

Daytime Phone #

CR2E0348 (12/01)