

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91071 017 \*\*\*150.00

0450165 AV

**DOCUMENT # P96000059646**

1. Entity Name  
**AGROTURF, INC.**



Principal Place of Business  
**P.O. BOX 349**  
**TAMPA FL 33601**

Mailing Address  
**P.O. BOX 349**  
**TAMPA FL 33601**



2. Principal Place of Business

**2910 W. Bay to Bay Blvd.**

Suite, Apt. #, etc.  
**Suite 300**

City & State

**Tampa, FL**

Zip

**33629**

Country

**USA**

3. Mailing Address

**2910 W. Bay to Bay Blvd.**

Suite, Apt. #, etc.

**Suite 300**

City & State

**Tampa, FL**

Zip

**33629**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3390595**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WARD, DAVID W JR**  
**101 EAST KENNEDY BLVD.**  
**STE 1450**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name  
**David E. Ward, Jr.**

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

**2910 W. Bay to Bay Blvd.**

**Suite 300**

City

**Tampa**

FL

Zip Code

**33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **David E. Ward Jr.**

**DAVID E. WARD JR.**

(NOTE: Registered Agent signature required when reinstating)

**4/14/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WARD, DAVID E JR.**  
STREET ADDRESS **1925 BAYSHORE BLVD**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **SD** ☐ Delete  
NAME **WARD, LINDA B**  
STREET ADDRESS **1925 BAYSHORE BLVD**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **AVTD** ☐ Delete  
NAME **WARD, TIMOTHY B**  
STREET ADDRESS **1801 RICHARDSON PLACE**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **TD** ☐ Delete  
NAME **WARD, DAVID E III**  
STREET ADDRESS **925 S DAVIS STREET**  
CITY-ST-ZIP **MCMINNVILLE OR 97128**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David E. Ward Jr.**

**DAVID E. WARD JR.**

Date

Daytime Phone #

CR2E034 (10/02)