

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90195 028 \*\*\*150.00

**DOCUMENT # P96000076980**

**1. Entity Name**  
**ACTION MULCH OF SOUTHWEST FLORIDA, INC.**



**Principal Place of Business**  
**6230 THOMAS RD.**  
**FORT MYERS FL 33912**  
**US**

**Mailing Address**  
**15248 S TAMiami TRAIL**  
**SUITE 850**  
**FORT MYERS FL 33908**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6230 THOMAS ROAD**

City & State

City & State  
**FORT MYERS FL**

Zip

Country

Zip

Country

**33912**

**USA**

**4. FEI Number 65-0701162**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**EISENMAN, JIM O**  
**15248 S TAMiami TRAIL**  
**SUITE 850**  
**FORT MYERS FL 33908**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** EISENMAN, JIM O  
**STREET ADDRESS** 15248 S TAMiami TRAIL, STE 850  
**CITY-ST-ZIP** FORT MYERS FL 33908

**TITLE** VPD ☐ Delete  
**NAME** ESSENMAN, MARSHA  
**STREET ADDRESS** 1230 THOMAS RD  
**CITY-ST-ZIP** FORT MYERS FL 33912

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** 6230 THOMAS ROAD  
**CITY-ST-ZIP** FORT MYERS, FL 33912

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**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:**

**SIGNATURE REQUIRED**  
**JIM EISENMAN**  
**President**

**4/15/2003 239-267-8484**  
Date Daytime Phone #

CR2E034 (10/02)