2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # **P97000033636**

1. Entity Name
SOUTH FLORIDA GRASS MASTERS, INC.

Principal Place of Business	Mailing Address
301 SOUTH K ST	301 SOUTH K ST
LAKE WORTH FL 33460	LAKE WORTH FL 33460

2. Principal Place of Business		3. Mailing Address	
6889 FINAMORE CIRCLE		PO BOX 5495	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKE WORTH FL		City & State: LAKE WORTH FL	
Zip: 33467	Country:	Zip: 33466	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0743992** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE ROBERT L
301 SOUTH K ST
LAKE WORTH FL
33460

7. Name and Address of New Registered Agent

Name
MOORE ROBERT L
Street Address (P.O. Box Number is Not Acceptable)
6889 FINAMORE CIRCLE
City
LAKE WORTH **FL** Zip Code 33467

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 ____________________ 04/18/2001
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE ROBERT L 301 SOUTH K ST LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE ROBERT L 6889 FINAMORE CIRCLE LAKE WORTH FL 33467	☒ Change ☐ Addition
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CR2E034 (11/00)

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: Robert L Moore D 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #