FILED
Jun 20, 2002 8:00 am
Secretary of State

04-17-2002 90123 022 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057732

1. Entity Name
TRU TURF INC. - DBA The Masters Turf

[redacted]

DO NOT WRITE IN THIS SPACE

36203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
444 Bouchelle Dr			
Suite, Apt. #, etc. APT 304		Suite, Apt. #, etc.	
City & State New Smyrna Beach, Florida		City & State	
Zip 32169	Country USA	Zip	Country

4. FEI Number 59-3458130 | Applied For | Not Applicable

5. Certificate of Status Desired | $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JEROME D. HUTCHINSON

Street Address (P.O. Box Number is Not Acceptable): 444 BOUCHELLE DR - APT 304

City: New Smyrna Beach, Florida FL Zip Code 32169

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] 6-14-2002

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 $61.25
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	PRESIDENT	TITLE	
NAME	ENID D. HUTCHINSON	NAME	
STREET ADDRESS	444 BOUCHELLE DR APT 304	STREET ADDRESS	
CITY-ST-ZIP	New Smyrna Beach, Florida 32169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-8-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #: 386-426-8937