

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90086 036 ***150.00

0854672 SP

DOCUMENT # P97000079358

1. Entity Name
SOD BUSTERS, INC.

Principal Place of Business

Mailing Address

**21225 C R 455
 CLERMONT FL 34711
 US**

**21225 C R 455
 CLERMONT FL 34711
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7300 ROBERT D RD 7300 ROBERT D RD
 Suite, Apt. #, etc.

City & State

City & State

MAUNT DARA, FL MAUNT DARA, FL
 Zip Country Zip Country
37157 LAKE 37157 LAKE

4. FEI Number

59-3467624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEASLEY, BONNIE J
 21225 COUNTRY ROAD 455
 CLERMONT FL 34711**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	BEASLEY, GEORGE	
STREET ADDRESS	21225 COUNTRY ROAD 455 7300 ROBERT D RD	
CITY-ST-ZIP	CLERMONT FL 34711 MAUNT DARA, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEASLEY, BONNIE	
STREET ADDRESS	21225 COUNTRY ROAD 455 7300 ROBERT D RD	
CITY-ST-ZIP	CLERMONT FL 34711 MAUNT DARA, FL 37157	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: BONNIE BEASLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/3/02
(354) 394-7819
 Daytime Phone #

CR2E034 (9/01)