

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90064 017 ***150.00

DOCUMENT # P97000079358

1. Entity Name
SOD BUSTERS, INC.



Principal Place of Business
**2300 ROBERT D RD
MOUNT DORA FL 32757
US**

Mailing Address
**2300 ROBERT D RD
MOUNT DORA FL 32757
US**

90015934



2. Principal Place of Business

3. Mailing Address

21225 County Rd 455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

4. FEI Number **59-3467624**

Applied For

Not Applicable

Zip
34711

Country
USA

Zip

Country

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEASLEY, GEORGE	
STREET ADDRESS	2300 ROBERT D RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEASLEY, BONNIE	
STREET ADDRESS	2300 ROBERT D RD	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EXECUTIVE Board officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George B. Beasley JR	
STREET ADDRESS	21225 County Rd 455	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	EXECUTIVE Board officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blair S. Beasley	
STREET ADDRESS	2577 Washington Rd	
CITY-ST-ZIP	Mt Dora FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

BONNIE J BEASLEY VP 1/29/03 (152) 394-7819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)