

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080193

1. Entity Name

ENVIRONMENTAL TURF SOLUTIONS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90122 041 ***150.00

Principal Place of Business

14261 CLUBHOUSE DR
BOKEELIA FL 33922

Mailing Address

P O BOX 2316
PINELAND FL 33945-2316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0783779

Applied For

Not Applicable

Zip

Country

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

BENNETT, STEWART T
14261 CLUBHOUSE DR
BOKEELIA FL 33922

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	BENNETT, STEWART T	
STREET ADDRESS	14261 CLUBHOUSE DR	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	TILLMAN, PAUL	
STREET ADDRESS	1415 CLEMENT CT	
CITY-ST-ZIP	COLLEGE STATION TX 77840	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPEW, MICHAEL	
STREET ADDRESS	835 HERNICKSVILLE RD	
CITY-ST-ZIP	TEKONSHA MI 49092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

Stewart T. Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2000
Date

941-283-0080
Daytime Phone #

CR2E034 (9/99)