

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90026 031 ***150.00

DOCUMENT # P97000080193

1. Entity Name

ENVIRONMENTAL TURF SOLUTIONS, INC.

Principal Place of Business

**14261 CLUBHOUSE DR
BOKEELIA FL 33922**

Mailing Address

**P O BOX 2316
PINELAND FL 33945**

2. Principal Place of Business

770 Pondella Rd.

3. Mailing Address

770 Pondella Rd.

Suite, Apt. #, etc.

263

Suite, Apt. #, etc.

263

City & State

N. Ft. Myers FL

City & State

N. Ft. Myers FL

Zip

33103

Country

USA

Zip

33903

Country

USA

4. FEI Number

65-0783779

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

**BENNETT, STEWART T
14261 CLUBHOUSE DR
BOKEELIA FL 33922**

Name

Michael DePew

Street Address (P.O. Box Number is Not Acceptable)

770 Pondella Rd.

263

City

N. Ft. Myer

FL

Zip Code

33903

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]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

30 April 2001

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 ☐ Delete
NAME **D BENNETT, STEWART T**
STREET ADDRESS **14261 CLUBHOUSE DR**
CITY-ST-ZIP **BOKEELIA FL 33922**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D TILLMAN, PAUL**
STREET ADDRESS **1415 CLEMENT CT**
CITY-ST-ZIP **COLLEGE STATION TX 77840**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DEPEW, MICHAEL**
STREET ADDRESS **835 HERNICKSVILLE RD**
CITY-ST-ZIP **TEKONSHA MI 49092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 2001
Date

941-652-8824
Daytime Phone #

CR2E034 (10/00)