

FILED  
Mar 24, 2003 8:00 am  
Secretary of State

03-24-2003 90216 001 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000080937**

1. Entity Name  
**TOUCHDOWN GROUND MAINTENANCE, INC.**



Principal Place of Business  
**7887 BRYAN DAIRY ROAD  
SUITE 1000  
LARGO FL 33777  
US**

Mailing Address  
**2534 BELLEAIR RD  
CLEARWATER FL 33764  
US**

2. Principal Place of Business

**2534 Belleair Rd.  
Suite, Apt. #, etc.  
Clearwater, FL  
City & State**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
**33764**

Country

Zip

Country

4. FEI Number  
**59-3468704**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BACON, DAVID A  
2959 FIRST AVE N  
ST PETERSBURG FL 33713**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TIKKANEN, VICTOR**  
CITY-ST-ZIP **7887 BRYAN DAIRY ROAD SUITE 1000  
LARGO FL 33777**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TIKKANEN, KIMBERLY**  
CITY-ST-ZIP **2534 BELLEAIR RD  
CLEARWATER FL 33764**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2534 Belleair Rd.**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Kimberly Tikkunen** **Kimberly Tikkunen** **3-10-03** **520-8657**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)