

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000012303**
1. Entity Name
DEIRAY SOD & TRUCKING INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 2:37

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3908 N. FED. HWY
Suite, Apt. #, etc.
PAIM BCH GARDENS
City & State
DEIRAY BCH. FL
Zip
33418 Country
PAIM BCH

3. Mailing Address
13246 DEER CREEK DR
Suite, Apt. #, etc.
PAIM BCH GARDENS
City & State
FLORIDA
Zip
33418 Country
PAIM BCH

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0817858 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
TED F. SOR9
Street Address (P.O. Box Number is Not Acceptable)
13246 DEER CREEK DR
City
PAIM BCH GARDENS FL Zip Code
33418

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 **TED F. SOR9** DATE **2-7-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TED F SOR9 13246 DEER CREEK DR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005050030--5 -03/06/02--01043--014 ****150.00 ****150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **TED F. SOR9** DATE **2-7-02** DAYTIME PHONE # **561-799-6957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)