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

Mailing Address

## P98000012303 DOCUMENT #

1. Entity Name

Principal Place of Business

DELRAY SOD & TRUCKING, INC.



**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90057 023 \*\*\*150.00

OUTUUTED

3908 N. FEDERAL HIGHWAY DELRAY BEACH FL 33483		13246 DEER CREEK DR PALM BCH GARDENS FL 33418					JULITAU				
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2. Principal Pla	ace of Business	3. Mailing					i 18811881 HS 18181 HS111 SS111 SS111 SS111	., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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Suite, Apt. #	ŧ, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. F	FEI Number <b>65-0817858</b> Applied For Not Applicab				
Zip	Country	Zip	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
<u> </u>					Name						
SORG, TEI				/T(O, D)	ov Number is Not Assentable)						
						Street Address (P.O. Box Number is Not Acceptable)					
	R CREEK DR							_			
PALM BEACH GARDENS FL 33418								1 7			
					City		F		ip Code	^*	
			. 6	raniotar	ad office or regist	torod age	ent, or both, in the State of Florida. I a	m familia	r with, a	nd accept	
8. The above the obligati	named entity submits this statement ons of registered agent.	for the purpose	e of changing its	register	ed office of Tegisi	iereu agi	ent, or both, in the orate of Honda.		,	·	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicat	ble. (NOTE	: Registere	d Agent signature requi	ired when re	einstating) DAT	E			
	LE NOW!!! FEE IS \$150.00						9. Election Campaign Financing		\$5.0C	) May Be	
After May 1, 2003 Fee will be \$550.00							Trust Fund Contribution.		Added t		
Make Check	Payable to Florida Department	of State					Trust I and Control				
10. OFFICERS AND DIRE					ĀD	DITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	IN 11		
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12. I hereby	certify that the information supplied	with this filing d	oes not qualify for	or the ex my sign	emption stated in ature shall have t	Section	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; the	certify that I am ar	nat the in n officer	itormation or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it all all office 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR