

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90105 027 ***150.00

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DOCUMENT # P98000013094



1. Entity Name
SODMASTERS LANDSCAPING & IRRIGATION OF THE FLORIDA KEYS INC.

Principal Place of Business
21920 DISTURBED PINE
CUDJOE KEY FL 33042

Mailing Address
DISTURBED PINE RD
P.O. BOX 420184
SUMMERLAND KEY FL 33042



2. Principal Place of Business
5650 5th Ave
Suite, Apt. #, etc.
Stock Island

3. Mailing Address
P.O. Box 420184
Suite, Apt. #, etc.

City & State
Key West

City & State
Summerland Key

4. FEI Number 65-0811976

Applied For
Not Applicable

Zip Country
33040 Monroe

Zip Country
33042 Monroe

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RITSON, BRUCE
RITSON & COMPANY, P.A.
513 WHITEHEAD STREET
KEY WEST FL 33040

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MC CASLAND, BRIAN	
STREET ADDRESS	DISTURBED PINE RD	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MC CASLAND, CATHY ANN	
STREET ADDRESS	DISTURBED PINE RD	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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: *Stacy McCasland* 04/28/03 305-745-8727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)