

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90017 002 \*\*\*150.00

**DOCUMENT # P98000032015**

1. Entity Name  
**J & M SOD, INC.**



Principal Place of Business  
**3110 S.E. SLATER STREET  
STUART FL 34997**

Mailing Address  
**P.O. BOX 146  
PALM CITY FL 34991**

**11025649**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0889974**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RASTRELLI, JEFF  
1036 S.W. 29TH STREET  
PALM CITY FL 34990**

Name

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

City

**FL**

Zip Code

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.

**JEFF RASTRELLI**

**4/28/03**

(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 **PS** ☐ Delete  
NAME **RASTRELLI, JEFF**  
STREET ADDRESS **1036 S.W. 29TH STREET**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VICE PRES.** ☐ Change ☒ Addition  
NAME **MARK W. HORSTMANN**  
STREET ADDRESS **983 SW 29th St**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VT** ☒ Delete  
NAME **RASTRELLI, MARIO JR.**  
STREET ADDRESS **1036 S.W. 29TH STREET**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **Sec/TREA.** ☐ Change ☒ Addition  
NAME **SANDRA F HORSTMANN**  
STREET ADDRESS **983 SW 29th St**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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: **JEFF RASTRELLI**

**4/28/03**

**7722190039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0609179 AV

CR2E034 (10/02)