

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91094 028 ***150.00

DOCUMENT # P98000038473

1. Entity Name
TODD'S TRACTOR SERVICE, INC.



Principal Place of Business
**15455 HANCOCK RD
SARASOTA FL 34240**

Mailing Address
**15455 HANCOCK RD
SARASOTA FL 34240**

2. Principal Place of Business
2615 Lena Lane
Suite, Apt. #, etc.

3. Mailing Address
2615 Lena Lane
Suite, Apt. #, etc.

City & State
Sarasota, FL
Zip
34240

City & State
Sarasota, FL
Zip
34240

4. FEI Number
65-0831701

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BONTRAGER, LAWRENCE T
15455 HANCOCK RD
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name
Lawrence Todd Bontrager
Street Address (P.O. Box Number is Not Acceptable)
2615 Lena Lane
City
Sarasota FL Zip Code
34240

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 **Lawrence T. Bontrager**
Signature, typed or printed name of registered agent and title if applicable.

D
(NOTE: Registered Agent signature required when reinstating)

03/12/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D BONTRAGER, LAWRENCE T 15455 HANCOCK RD SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bontrager, Lawrence T 2615 Lena Lane Sarasota, FL 34240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE BONTRAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Date

Daytime Phone #

CR2E034 (10/02)