


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90224 043 ***150.00

DOCUMENT # P98000104951

1. Entity Name
EDDIE'S SOD CO., INC.



Principal Place of Business
**7208 N. CHURCH AVE.
TAMPA FL 33614-2608**

Mailing Address
**7208 N. CHURCH AVE.
TAMPA FL 33614-2608**



2. Principal Place of Business
6227 Weatherwood Circle

3. Mailing Address
6227 Weatherwood Circle

Suite, Apt. #, etc.

City & State
Wesley Chapel, FL

City & State
Wesley Chapel, FL

Zip
33544-4374

Country
Pasco

Zip
33544-4374

Country
Pasco

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3554076**

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

6. Name and Address of Current Registered Agent

LEON, MODESTO
7208 N. CHURCH AVE.
TAMPA FL 33614-2608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6227 Weatherwood Circle

City **Wesley Chapel** FL Zip Code **33544-4374**

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: **Modesto Leon** *Modesto Leon* DATE: **2/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LEON, MODESTO 7208 N. CHURCH AVE. TAMPA FL 33614-2608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6227 Weatherwood Circle Wesley Chapel, FL 33544-4374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEON, ELSA 7208 N. CHURCH AVE. TAMPA FL 33614-2608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6227 Weatherwood Circle Wesley Chapel, FL 33544-4374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Modesto Leon* **REQUIRED** Modesto Leon 2/4/03 (813)907-0019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)