

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90079 006 \*\*\*150.00

**DOCUMENT # P98000106287**

1. Entity Name

**EROSION CONTROL SUPPLY SOURCE, INC.**

Principal Place of Business

P.O. BOX 241  
PALM CITY FL 34991

Mailing Address

P.O. BOX 241  
PALM CITY FL 34991-0241

2. Principal Place of Business

4125 SW MARTIN HWY

Suite, Apt. #, etc.

3. Mailing Address

PO Box 241

Suite, Apt. #, etc.

City & State

PALM CITY, FLORIDA

City & State

PALM CITY, FLORIDA

4. FEI Number

65-0893203

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34991

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSEN, WILLIAM W  
4125 S.W. MARTIN HWY  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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.

SIGNATURE

*William W. Jacobsen*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-15-20

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. P.
STREET ADDRESS	4125 SW MARTIN HWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec'y SHAWN STROHMENGER
STREET ADDRESS	4125 SW MARTIN HWY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William W. Jacobsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-20

Date

Daytime Phone #

CR2E034 (9/99)