

2001 UNIFORM BUSINESS REPORT (UBR).

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90085 025 ***150.00

DOCUMENT # P99000007871

1. Entity Name

PRO STAR TURF & ORNAMENTAL CARE, INC.

Principal Place of Business

Mailing Address

1904 INDUSTRIAL PARK ROAD
PLANT CITY FL 33567

1904 INDUSTRIAL PARK ROAD
PLANT CITY FL 33567

2. Principal Place of Business

5814 Boyette Rd

3. Mailing Address

5814 Boyette Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

Country

33544

Zip

Country

33544

4. FEI Number 59-3553614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HAULK, PAUL H
STREET ADDRESS 1904 INDUSTRIAL PARK ROAD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☒ Change ☐ Addition
NAME ~~5814 Boyette Rd~~ 30424 Hillside Ln
STREET ADDRESS Wesley Chapel, FL 33544
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME SCOFIELD, JEFFREY M
STREET ADDRESS 1904 INDUSTRIAL PARK ROAD
CITY-ST-ZIP PLANT CITY FL 33567

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

TITLE S ☒ Delete
NAME SCOFIELD, JANE T
STREET ADDRESS 1904 INDUSTRIAL PARK ROAD
CITY-ST-ZIP PLANT CITY FL 33567

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

TITLE TD ☒ Delete
NAME SCOFIELD, DANNY R SR.
STREET ADDRESS 1904 INDUSTRIAL PARK ROAD
CITY-ST-ZIP PLANT CITY FL 33567

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Paul Haulk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL HAULK

4-27-01 (813) 907.7464

Date

Daytime Phone #

CR2E034 (10/00)