

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007871

1. Entity Name

PRO STAR TURF & ORNAMENTAL CARE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90085 025 ***150.00

CO060026



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567	Mailing Address 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567
2. Principal Place of Business 5814 Boyette Rd Suite, Apt. #, etc.	3. Mailing Address 5814 Boyette Rd Suite, Apt. #, etc.

City & State Wesley Chapel, FL	City & State Wesley Chapel, FL	4. FEI Number 59-3553614	Applied For Not Applicable
Zip 33544	Zip 33544	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		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

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAULK, PAUL H 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5814 Boyette Rd 30424 Hillside Ln Wesley Chapel, FL 33544	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOFIELD, JEFFREY M 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567	<input checked="" 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	S SCOFIELD, JANE T 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567	<input checked="" 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	TD SCOFIELD, DANNY R SR. 1904 INDUSTRIAL PARK ROAD PLANT CITY FL 33567	<input checked="" 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL HAULK

4-27-01 (813) 987-7464

Date

Daytime Phone #

CR2E034 (10/00)