

2001 UNIFORM BUSINESS REPORT (UBR)

6/8/

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-08-2001 90161 010 ***150.00

DOCUMENT # 999000012158

1. Entity Name **Paydirt Foliage Inc**

Principal Place of Business **30329 County Rd 437 S Sorrento, FL 32776**

Mailing Address **30329 County Rd 437 S Sorrento, FL 32776**

2. Principal Place of Business

Suite, Apt. # etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3556454**

Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

EDDIE H SAUNDERS
30329 COUNTY RD 437 S
SORRENTO FL 32776

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 *Eddie H Saunders* **President Paydirt Foliage, Inc.**
5-25-01

Signature, typed or printed name of registered agent, 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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	President/Director Saunders, Eddie H 30329 County Rd 437 South Sorrento, FL 32776	<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	

13. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Eddie H Saunders* **5-25-01** **352-3850089**

Signature and typed or printed name of signing officer, if applicable

DATE

Daytime Phone #

CR2E034 (11/00)