

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90448 002 ***150.00

DOCUMENT #

1. Entity Name

P99000012158

PAYDIRT FOLIAGE INC

DO NOT WRITE IN THIS SPACE

33431

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2. Principal Place of Business

30329 COUNTY RD 447

State, Apt. #, etc.

SORRENTO FL 32776

SORRENTO FL 32776

3. Mailing Address

30329 County Rd 437

Suite, Apt. #, etc.

30329 COUNTY RD 437

City & State

SORRENTO FL 32776

4. FEI Number

59-3556454

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

7. Name and Address of Current Registered Agent

Name

EDDIE H SAUNDERS

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

30329 COUNTY RD 437

City & State
SORRENTO FL

32776

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

X

Eddie Saunders

(NOTE: The person or agent designated here must be a resident of Florida.)

(207)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐ See Chapter 607, Florida Statutes.

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00

Additional Fee

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Pres EDDIE H SAUNDERS

30329 COUNTY RD 437

SORRENTO FL 32776

X

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I am a resident of this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the owner, officer or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the report as required by Chapter 607, Florida Statutes, with all other persons empowered.

SIGNATURE:

Eddie Saunders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDIE H SAUNDERS

Date 4-30-02