

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028561

1. Entity Name

SOUTHERN MULCH, INC.

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 003 ***150.00

Principal Place of Business

Mailing Address

140 POWERLINE ROAD
EAST PALATKA FL 32131

PO BOX 716
EAST PALATKA FL 32131-0716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3567020

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

HILTON, CONNIE M
7350 CRILL AVE.
PALATKA FL 32131

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, 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	PV	<input type="checkbox"/> Delete
NAME	STEWART, CHAD	
STREET ADDRESS	113 BRUBAKER LANE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BLOCKER, CONNIE D	
STREET ADDRESS	113 BRUBAKER LANE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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	President Vice Pres. Treas Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, CHAD	
STREET ADDRESS	113 BRUBAKER LANE	
CITY-ST-ZIP	EAST PALATKA FL 32131	
TITLE		<input checked="" 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		
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:

Chad Stewart

Chad Stewart

4-10-2000

904-219-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)