2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 26, 2000 8:00 am
Secretary of State
02-04-2000 90025 002 ***150.00

1. Entity Name
RANDY SUGGS TURF AND ORNAMENTAL CARE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1187 APOPKA FL 32704	P.O. BOX 1187 APOPKA FL 32704-1187

400075

DO NOT WRITE IN THIS SPACE

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 59-3576833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WILSON, GREGORY M ESQ.
29 EAST PINE STREET
ORLANDO FL 32801

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) ☑

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	Name	Street Address	City-St-Zip	Delete
President	Randy Suggs	3403 Rock Springs Road	Apopka, FL 32712	☐
Vice President	Carol Suggs	3403 Rock Springs Road	Apopka, FL 32712	☐
				☐
Secretary	Eddie Rawls	3403 Rock Springs Road	Apopka, FL 32712	☑
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change	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: X Carol Suggs 2/29/2000 (407)886-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/99)