

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90023 048 ***158.75

DOCUMENT # P99000040848

1. Entity Name

TURF TECH UNLIMITED, INC.

Principal Place of Business

Mailing Address

~~PO BOX 261208
TAMPA FL 33685-1208~~

~~PO BOX 261208
TAMPA FL 33685-1208~~

2. Principal Place of Business

3. Mailing Address

7935 Benjamin Rd

P.O. Box 11061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

ST. Petersburg FL

4. FEI Number

59-3573737

Applied For

Not Applicable

Zip

33634

Country

USA

Zip

33733-1061

Country

USA

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

~~VALDES, ZENEN
7314 SUMMERBRIDGE DR.
TAMPA FL 33634~~

Name **Seeley & Karatinos, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
3924 Central Avenue

City **St. Petersburg FL** Zip Code **33711**

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.

Jed E. Karatinos as Vice-President

SIGNATURE **Seeley & Karatinos, P.A.**

4/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	VALDES, ZENEN	7314 SUMMERBRIDGE DR	TAMPA FL 33634	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Louis Jacobowitz	8515 Merrimoor Blvd	Largo FL 33777	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. President	Don Brogley	3127 W. Sligh Ave.	Tampa, FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-00727321-6881
1-4-00

Daytime Phone #

(813) 806-2847

CR2E034 (9/99)