

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040848

1. Entity Name

TURF TECH UNLIMITED, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90023 048 ***158.75

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

Zip

33634

Country

USA

Zip

33733-1061

Country

USA

4. FEI Number

59-3573737

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 D
NAME VALDES, ZENEN
STREET ADDRESS 7314 SUMMERBRIDGE DR
CITY-ST-ZIP TAMPA FL 33634 ☒ Delete

TITLE President
NAME Louis Jacobowitz
STREET ADDRESS 8515 Merrimoor Blvd
CITY-ST-ZIP Largo FL 33777 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V. President
NAME Don Brogley
STREET ADDRESS 3127 W. Sligh Ave.
CITY-ST-ZIP Tampa, FL 33614 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Don Brogley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00727321-6881

1-4-00

(813) 806-2847

CR2E034 (9/99)