

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042020

1. Entity Name

ORGANIC SOIL BUILDERS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90133 036 ***550.00

Principal Place of Business

Mailing Address

~~6632 NW 150TH AVENUE~~ **5411 St. Helena Rd** ~~6632 NW 150TH AVENUE~~ **P.O. Box 329**
~~MORRISTON FL 32668~~ **Lake Wales FL 33853** ~~MORRISTON FL 32668-7500~~ **Avondale Estates**
GA 30002

2. Principal Place of Business

3. Mailing Address

5411 St. Helena Rd

P.O. Box 329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales Florida

City & State

Avondale Estates GA

4. FEI Number

59-3593296

Applied For

Not Applicable

Zip

33853

Country

Zip

30002

Country

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

STEVENS, JIM
6632 NW 150TH AVENUE
MORRISTON FL 32668

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jim Stevens
871 Springdale Road NE
Atlanta GA 30306

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

JACOB N. STEVENS 5/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

404-295-0807

CR2E034 (9/99)