

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90006 031 \*\*\*150.00

**DOCUMENT # P99000068850**

1. Entity Name

**D & F GRASS MASTER, INC.**



Principal Place of Business

11135 EKKER RD.  
 GIBSONTON FL 33534

Mailing Address

11135 EKKER RD.  
 GIBSONTON FL 33534

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

**52-2201265**

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

**FAIRCLOTH, FREDERICK**  
**11135 EKKER RD.**  
**GIBSONTON FL 33534**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FAIRCLOTH, FREDERICK	
STREET ADDRESS	11135 EKKER RD.	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORNETT, DICKIE JR.	
STREET ADDRESS	11135 EKKER RD.	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORNETT, CATHIE	
STREET ADDRESS	11135 EKKER RD.	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Frederick Faircloth* **FREDERICK FAIRCLOTH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-01 (813) 629-1586**  
 Date Daytime Phone #

CR2E034 (10/00)



Attachment  
A0073719

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 10, 2001

D & F GRASS MASTER, INC.  
11135 EKKER RD.  
GIBSONTOWN, FL 33534

Subject: D & F GRASS MASTER, INC.

SPOKE WITH ANDY ON  
6-11-01 AT 1705 HOURS  
ANDY STATED SEND IN CHECK &  
COPY OF LETTER AND IT WILL GO  
THROUGH

Reference  
Number:

P99000068850

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314