

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2000 90021 017 ***150.00

DOCUMENT # P99000091259

1. Entity Name

INTERNATIONAL TURF APPLICATORS, INC.

Principal Place of Business

Mailing Address

3823 OLD SALEM RD.
 LAKELAND FL 33811

3823 OLD SALEM RD.
 LAKELAND FL 33811-1388

2. Principal Place of Business

2829 Badger Rd

3. Mailing Address

3823 old salem rd

Suite, Apt. #, etc.

18 # 19

Suite, Apt. #, etc.

City & State

LAKELAND FL.

City & State

LakeLand FL.

4. FEI Number

59-3607010

Applied For

Not Applicable

Zip

33811

Country

U.S.

Zip

33811

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFFY, ANNE MARIE
3823 OLD SALEM RD.
LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name **Anna Marie DUFFY**

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

3823 old salem Rd.

City

LAKELAND

FL

Zip Code

33811

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

~~Anna Marie Duffy~~ ~~ANNA MARIE DUFFY~~

~~4-18-2000~~

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)

Blank

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 **PRESIDENT** Delete
 NAME ~~ANNA MARIE DUFFY~~
 STREET ADDRESS ~~2829 Badger rd. #18, #19~~
 CITY-ST-ZIP ~~LAKELAND FL. 33811~~

TITLE **President** Delete
 NAME **Anna Marie DUFFY**
 STREET ADDRESS **3823 old salem rd.**
 CITY-ST-ZIP **LAKELAND, FL. 33811**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer** Change Addition
 NAME **Ray Duffy,**
 STREET ADDRESS **3823 old salem rd.**
 CITY-ST-ZIP **LAKELAND FL. 33811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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: **Anna Marie Duffy**
 ANNA MARIE DUFFY

A. 10. 2000 **863-944-7618**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ER (9/9)