

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90090 019 ***150.00

DOCUMENT # **G42854**



1. Entity Name
GENERAL LAWN CARE, INC.

Principal Place of Business
% ROBERT EDWARD CARLIN
POST OFFICE BOX 1155
ENGLEWOOD FL 34295

Mailing Address
% ROBERT EDWARD CARLIN
POST OFFICE BOX 1155
ENGLEWOOD FL 34295



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2319536**

Applied For
Not Applicable

Zip

Country

Zip

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

CARLIN, ROBERT EDWARD
751 BUCKSKIN CT
ENGLEWOOD FL 34295

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Edward Carlin*
Signature, typed or printed name of registered agent and title if applicable.

2-10-03
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **CARLIN, ROBERT E**
STREET ADDRESS **751 BUCKSKIN CT**
CITY-ST-ZIP **ENGLEWOOD, FL 00000**

TITLE **VICE PRES** Change Addition
NAME **WAYNE SCHERBERT**
STREET ADDRESS **1665 MEADOWLARK LN.**
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE **ST** Delete
NAME **CARLIN, ELAINE**
STREET ADDRESS **751 BUCKSKIN CT.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **VICE PRES** Change Addition
NAME **SCOTT BOOTHILLER**
STREET ADDRESS **1801 BANNING RD**
CITY-ST-ZIP **DAWSON PA. 15428**

TITLE **V** Delete
NAME **BLAKE, CARLIN**
STREET ADDRESS **751 BUCKSKIN CT.**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Edward Carlin* **SIGNATURE REQUIRED**

2-10-03
Date

941-474-7053
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)