## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** K18599

1. Entity Name

SIGNATURE

10.

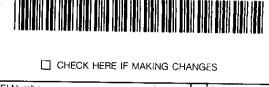


FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90905 037 \*\*\*158.75

CASEY'S LAWN SERVICE, LA		
Principal Place of Business 2300 SW 112TH AVE DAVIE FL 33325-4815	Mailing Address 2300 SW 112TH AVE DAVIE FL 33325-4815	
2. Principal Place of Business	3. Mailing Address	<del>-</del>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

OFFICERS AND DIRECTORS



DATE

City & State		City & State		4. FEI Number 6	5-0451049	Applied For Not Applicable
Zip	Country	. Zip Country		5. Certificate of Sta	5. Certificate of Status Desired \$8.75 Fee Reg	
CASEY, FRANCIS R			7. Name and Address of New Registered Agent			
				Name Street Address (P.O. Box Number is Not Acceptable)		
DAVIE FL 333	25-4815					
The above nor	and antity submits this statemen		C		F	Zip Code

ity 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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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

11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OF ☐ Delete TITLE ☐ Change ■ Addition CASEY, FRANCIS R. NAME NAME STREET ADDRESS 2300 SW 112TH AVE STREET ADDRESS CITY-ST-ZIF DAVIE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASEY, FRANK R. NAME STREET ADDRESS 2300 SW 112TH AVE STREET ADDRESS CiTY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASEY, SHIRLEY STREET ADDRESS 2300 SW 112TH AVE STREET ADDRESS CITY-ST-7IP DAVIE FL 33325 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME CASEY, CHRISTOPHER NAME STREET ADDRESS 2300 SW 112TH AVE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CASEY, SHERRY NAME STREET ADDRESS 2300 SW 112TH AVE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33325 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

ING OFFICER OR DIRECTOR

Daytime Phone #