

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90181 004 ***150.00

RECEIVED AT

DOCUMENT # L50397

1. Entity Name
FERRARO LAWN SERVICE, INC.

Principal Place of Business

**P.O BOX 350457
 JACKSONVILLE FL 32235
 US**

Mailing Address

**P.O BOX 350457
 JACKSONVILLE FL 32235
 US**

2. Principal Place of Business

**3075-1 LEON ROAD
 Suite, Apt. #, etc.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip Country

32246 US

4. FEI Number

59-3051821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRARO, AMY E.
 10312 FORT CAROLINE ROAD
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
11187 SCHOONER COURT
 City **JACKSONVILLE FL** Zip Code **32225-1561**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | DP | <input type="checkbox"/> Delete |
| NAME | FERRARO, ALBERT J. JR. | |
| STREET ADDRESS | 10312 FORT CAROLINE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | FERRARO, AMY E. | |
| STREET ADDRESS | 10312 FORT CAROLINE ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 11187 SCHOONER COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225-1561 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 11187 SCHOONER COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225-1561 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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:  **AMY E FERRARO** 04/08/02 904-641-7647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)