

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-12-2003 90203 014 ***150.00

DOCUMENT # P00000044819

1. Entity Name
A NEW LOOK LAWN CARE, INC.



Principal Place of Business
2820-CARIBBEAN BLVD 2728 Woodsmill Dr.
STE # 415
MELBOURNE FL 32935 32934

Mailing Address
2820-CARIBBEAN BLVD 2728 Woodsmill Dr.
STE # 415
MELBOURNE FL 32935 32934



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3642715**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FISHE, TIMOTHY P
2820-CARIBBEAN ISLE BLVD
STE # 415
MELBOURNE FL 32935

change to
2728 Woodsmill Dr.
Melbourne Fl.
32934

7. Name and Address of New Registered Agent

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 _____ (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 **DP** ☐ Delete
NAME **FISHE, TIMOTHY P**
STREET ADDRESS **2820-CARIBBEAN ISLE BLVD, #415 2728 Woodsmill Dr.**
CITY-ST-ZIP **MELBOURNE FL 32935 32934**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **FISHE, LISE**
STREET ADDRESS **2820-CARIBBEAN ISLE BLVD, #415 2728 Woodsmill Dr.**
CITY-ST-ZIP **MELBOURNE FL 32935 32934**

TITLE **D/S/T** ☒ Change ☐ Addition
NAME **Fishe, Lise**
STREET ADDRESS **2820 Caribbean Isle Blvd # 415**
CITY-ST-ZIP **Melbourne, FL 32935-329**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **2728 Woodsmill Dr.**
STREET ADDRESS **Melbourne, FL 32934**
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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STREET ADDRESS
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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:

SIGNATURE REQUIRED
Timothy Fishe, President 3/12/03 259-8594
Date Daytime Phone #

0678479 FP

CR2E034 (10/02)