
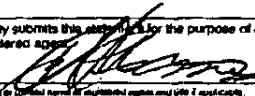




**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90938 002 \*\*\*150.00

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

80080325

<b>DOCUMENT # P00000102926</b>					
1. Entity Name <b>LAWNSCAPE OF KEY WEST, INC.</b>					
Principal Place of Business 217 VIRGINIA KEY WEST, FL 33040			Mailing Address 217 VIRGINIA KEY WEST, FL 33040		
2. Principal Place of Business		3. Mailing Address <b>926 Truman Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Key West, FL</b>		4. FEI Number <b>65-1053179</b>	
Zip		Country		Applied For Not Applicable	
<b>33040</b>		<b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Albert L. Kelley</b> Street Address (P.O. Box Number is Not Acceptable) <b>926 Truman Ave.</b> City & State <b>Key West, FL 33040</b>		
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  DATE _____					
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAMAN, CRAIG A</b>		NAME		
STREET ADDRESS	<b>217 VIRGINIA STREET</b>		STREET ADDRESS		
CITY-STATE-ZIP	<b>KEY WEST, FL 33040</b>		CITY-STATE-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<b>P/T/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAMER, JOHN</b>		NAME	<b>Pamer, John</b>	
STREET ADDRESS	<b>217 VIRGINIA STREET</b>		STREET ADDRESS	<b>154 Cutlass Lane</b>	
CITY-STATE-ZIP	<b>KEY WEST, FL 33040</b>		CITY-STATE-ZIP	<b>Cudjoe Key, FL 33042</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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: 			DATE: <b>3/17/03 305-294-0110</b>		

CR20034 (10/02)