


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91805 006 \*\*\*150.00

DOCUMENT # DO2000028447  
 1. Entity Name  
Better Lawns & Garden of Seminole County, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
291 Howard Blvd  
 Suite, Apt. #, etc.

3. Mailing Address  
291 Howard Blvd  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Longwood, FL

City & State  
Longwood, FL

Zip  
32750 Country USA

Zip  
32750 Country USA

4. FEI Number  
81-0546172

Applied For  
 Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name Colin Kirkwood

Street Address (P.O. Box Number is Not Acceptable)  
446 East Orange Ave

City Longwood FL Zip Code 32750

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 [Signature] DATE 5/2/03

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**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			
TITLE	<u>Colin Kirkwood</u>	TITLE	
NAME	<u>Colin Kirkwood</u>	NAME	
STREET ADDRESS	<u>446 East Orange Ave.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Longwood, FL 32750</u>	CITY-ST-ZIP	
TITLE	<u>Robert Burns</u>	TITLE	
NAME	<u>Robert Burns</u>	NAME	
STREET ADDRESS	<u>291 Howard Blvd</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Longwood, FL 32750</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 5/2/03 DAYTIME PHONE # 407-467-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)