## FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91465 009 \*\*\*150.00

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

DOCUMENT # P02000103311  1. Entity Name A-1 TOTAL LAWN CARE, INC.									
Principal Place of Business Mailing Address 2839 SHERRY BROOK LANE 2839 SHERRY BROOK LAN LUTZ, FL 33559-9608 LUTZ, FL 33559-9608					·	·			
2. Principal Place of Business 3. Mailing Address P					509				
Sulte, Apt.	. #, etc.	<del></del>	P.O. Box 509 Suite, Apt. 4, etc.			М снеск і	HERE IF MAKING	CHANGES	
City & State			City & State Lutz, FL			4. FEI Number 51 - 0	428363	L	pplied For of Applicable
Zip	Country		Zip 33548	Country		5. Certificate of Status Des	sired []	\$8.75 Ad Fee Require	ditional ad
	6. Name	and Address of Current	Registered Agent		Name	7. Name and Address of	New Registered /	gent	
BOYD, KEV 2839 SHER LUTZ, FL 3	RY BROOK	LANE			Street Address (	P.O. Box Number is Not Acco	eptable)		
LO12, PL 3	N003-3000			-		<u> </u>			
				ŀ	City		FL	Zip Coc	ie .
	ions of regist		or the purpose of changing its		office or register		e of Florida. I am i	familiar with	, and accept
Atte	ALE NO VI	It PGE IS \$156.00 IS Fee will be \$550.80 Florida Department			er (L. )	9. Election Campa Trust Fund Conf	ign Financing	\$5.0 Adde	O May Be
10.	The state of the s	OFFICERS AND	<del></del>	11.		ADDITIONS/CHANGES TO	O OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-2P	ĺ	VIN RRY BROOK LANE 335699608	Delete:	TITLE NAME STREET CITY-ST	ADGRESS 1-21P			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Delete	TITLE BLAME STREET CITY-ST	ADDRESS 1-21P			□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	-		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP	Per v	- ,	Change	Addition –
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-21Þ			☐ Change	Addition
TITLE NAME STREET ADDRESS		· .•	Delete		ADDRÉSS .	to the the second		Change	Addition
CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P		<u> </u>	☐ Delete	CRY-ST TITLE NUME STREET CRY-ST	ADORESS			☐ Change	Addition
indicated of the cor changed,	on this report poration or the or on an atta	t or supplemental report is a receiver or trustee emp	this filing does not qualify for true and accurate and that nowered to execute this report with all other like empowered.	ny signatur as require	e shall have the s	same legal effect as if made to f, Florida Statutes; and that m	inder oath; that I a y name appears i	m an office	r or director or Block 11 if
SIGNAT	UKE: _	SIGNATURE AND TYPED OR I	PRINTED HAM COE SIGNING OFFICER	OA DURECTOR	IN N. DOY	0 7/23/0	<i>ح 100</i>	sytima Phone I	,0,1