

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 016 ***550.00

DOCUMENT # P03000055510

1. Entity Name
A.P. RICKETTS QUALITY LAWN MAINTENANCE, INC.



Principal Place of Business
**C/O WILLIAM J. SPRATT JR., ESQ
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131**

Mailing Address
**C/O WILLIAM J. SPRATT JR., ESQ.
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131**

44051872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1199878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPRATT, WILLIAM J JR, ESQ
201 S BISCAYNE BLVD, STE 2000
MIAMI, FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **RICKETTS, ALONZO**
STREET ADDRESS **201 S BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **10864 S.W. 141st Lane**
STREET ADDRESS **Miami, FL 33176**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICKETTS, PATRICIA**
STREET ADDRESS **201 S BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
NAME **10864 S.W. 141st Lane**
STREET ADDRESS **Miami, FL 33176**
CITY-ST-ZIP

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NAME **RICKETTS, ALONZO JR**
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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: *Alonzo Ricketts Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #