

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90132 011 ***150.00

DOCUMENT # P94000036564

1. Entity Name
LAWN ACCESSORIES, INC.

Principal Place of Business

Mailing Address

~~219 SOUTH DIXIE HWY
 LAKE WORTH FL 33460~~

~~219 SOUTH DIXIE HWY
 LAKE WORTH FL 33460~~

2. Principal Place of Business

3. Mailing Address

1202 S. DIXIE HWY

1202 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FLORIDA

City & State

LANTANA, FL

Zip

33462

Country

PALM BEACH

Zip

33462

Country

PALM BEACH

4. FEI Number **65-0499591**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, LINDA
~~219 SOUTH DIXIE HWY~~ *1202 S. DIXIE HWY.*
~~LAKE WORTH FL 33460~~ *LANTANA, FL*
33462

Name
 Street Address (P.O. Box Number is Not Acceptable)
1202 S. DIXIE HWY.
LANTANA
 City **FL** Zip Code *33462*

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.

SIGNATURE *Linda Anderson* *LINDA ANDERSON* *5/16/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT
STREET ADDRESS	14169 BELMONT TRACE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	D <input type="checkbox"/> Delete
NAME	ANDERSON, LINDA
STREET ADDRESS	14169 BELMONT TRACE
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Anderson* *LINDA ANDERSON* *5/16/01* *561-585-1719*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)