## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am DOCUMENT # P95000093791 **Secretary of State** 1. Entity Name 02-13-2002 90132 021 \*\*\*150.00 DOWN TO EARTH LAWN CARE II, INC. Principal Place of Business Mailing Address 7890 DUDLEY AVENUE 7890 DUDLEY AVENUE TANGERINE FL 32757 MT. DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3346247 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUER!'A, ANTONIO A Street Address (P.O. Box Number is Not Acceptable) 380 CREEKSTONE COURT LONGWOOD FL 32779 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, (9/01)Delete TITLE Addition ☐ Change TREA. NAME MOSLER, MICHAEL H NAME SUTTON, DAVID S. STREET ADDRESS 1486 GRACE LK CIRCLE STREET ADDRESS CR2E034 946 VERSAILLES CIRCLE CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP MAITLAND, FL 32751 ☐ Delete TITLE ☐ Change ☐ Addition NAME HUERTA, ANTONIO A NAME STREET ADDRESS STREET ADDRESS 380 CREEKSTONE COURT CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP 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 that other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING

ith all other like empowered