

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

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90163 046 \*\*\*150.00

DOCUMENT # **P97000000702**  
1. Entity Name  
**LAWN AID, INC.**



Principal Place of Business  
~~4300 GRAND BLVD~~  
**NEW PORT RICHEY FL 34652**

Mailing Address  
~~4300 GRAND BLVD~~  
**NEW PORT RICHEY FL 34652**



2. Principal Place of Business  
**12121 LITTLE ROAD**  
Suite, Apt. #, etc.  
**285**  
City & State  
**HUDSON FL**  
Zip  
**34667** Country  
**PASCO**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
**SAME**  
City & State  
**SAME**  
Zip  
**SAME** Country  
**SAME**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3423291** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MURAY, MARK W**  
~~4300 GRAND BLVD~~  
**NEW PORT RICHEY FL 34652**  
**12121 LITTLE ROAD**  
**HUDSON FL 34667**  
**#285**

7. Name and Address of New Registered Agent  
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 **MARK W MURRAY President** *Mark W Murray President*  
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, 2003 Fee will be \$550.00**  
**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 <b>PTD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MURRAY, MARK W</b>	
STREET ADDRESS <del>4300 GRAND BLVD</del> <b>12121 LITTLE ROAD #285</b>	
CITY-ST-ZIP <del>NEW PORT RICHEY FL 34652</del> <b>HUDSON FL 34667</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> Delete
NAME <b>VAUGHN, TARRY L</b>	
STREET ADDRESS <del>4300 GRAND BLVD</del> <b>12121 LITTLE ROAD #285</b>	
CITY-ST-ZIP <del>NEW PORT RICHEY FL 34652</del> <b>HUDSON FL 34667</b>	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARK W MURRAY</b>	
STREET ADDRESS <b>12121 LITTLE ROAD #285</b>	
CITY-ST-ZIP <b>HUDSON FL 34667</b>	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TARRY VAUGHN</b>	
STREET ADDRESS <b>12121 LITTLE ROAD #285</b>	
CITY-ST-ZIP <b>HUDSON FL 34667</b>	
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	

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: *Mark W Murray President* **MARK W MURRAY President** 1-16-03 727-861-3534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)