

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90134 005 ***150.00

DOCUMENT # P97000095862

1. Entity Name
CR LAWNS, INC.



Principal Place of Business
**3028 SW 23RD PLACE
CAPE CORAL FL 33914**

Mailing Address
**3028 SW 23RD PLACE
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0804334**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARROW, PAUL L
3501 DEL PRADO BLVD
STE 302
CAPE CORAL FL 33904**

Name
Larrow, Paul L.
Street Address (P.O. Box Number is Not Acceptable)
3501 Del Prado Blvd.
Ste 302
City **Cape Coral** FL Zip Code **33904**

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 **PAUL L. Larrow**

DATE **1/30/03**

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MCDONOUGH, THOMAS B**
STREET ADDRESS **3028 SW 23RD PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **OPT** ☒ Change ☐ Addition
NAME **McDonough, Thomas B**
STREET ADDRESS **3028 SW 23rd PL**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **D** ☐ Delete
NAME **MCDONOUGH, KATHY S**
STREET ADDRESS **3028 SW 23RD PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **DS** ☒ Change ☐ Addition
NAME **McDonough, Kathy S**
STREET ADDRESS **3028 SW 23rd PL**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **THOMAS B. McDONOUGH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03
Date

239-980-3006
Daytime Phone #

CR2E034 (10/02)