

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90140 025 ***150.00

05/06/02

DOCUMENT # P98000029801

1. Entity Name
LAWN CARE BY JULIAN, INC.

Principal Place of Business

**1929 BW 49 AVE
 COCONUT CREEK FL 33063**

Mailing Address

**1929 BW 49 AVE
 COCONUT CREEK FL 33063**

2. Principal Place of Business

6255 Shadow Tree Lane

Suite, Apt. #, etc.

3. Mailing Address

6255 Shadow Tree Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL.

City & State

Lake worth, FL.

4. FEI Number

65-0825300

Applied For

Not Applicable

Zip **33463**

Country **USA**

Zip **33463**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JULIAN, JAMES J
 1929 BW 49 AVE
 COCONUT CREEK FL 33063~~

← Change

7. Name and Address of New Registered Agent

Name **JULIAN JAMES J.**

Street Address (P.O. Box Number is Not Acceptable)
6255 Shadow Tree Lane

City **Lake worth** **FL** Zip Code **33463**

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

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, 2002 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 **PD** Delete
 NAME **JULIAN, JAMES J**
 STREET ADDRESS **1929 NW 49 AVE.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **PO** Change Addition
 NAME **JULIAN, James J.**
 STREET ADDRESS **6255 Shadow Tree Lane**
 CITY-ST-ZIP **Lake Worth, Fl. 33463**

TITLE **VPD** Delete
 NAME **JULIAN, JOSEPHINE F**
 STREET ADDRESS **1929 NW 49 AVE.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **VPO** Change Addition
 NAME **JULIAN, Josephine F.**
 STREET ADDRESS **6255 ~~Shadow~~ Shadow Tree Lane**
 CITY-ST-ZIP **Lake Worth Fl. 33463**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/02** Daytime Phone # **954-972-9024**

CR2E034 (9/01)