2002 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P99000031447 1. Entity Name 03-27-2002 90096 011 ***150.00 E & B LAWN CARE INC. Principal Place of Business Mailing Address 1720 MEL O DEE LANE 1720 MEL O DEE LANE ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0905666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOTELHO, ERIC Street Address (P.O. Box Number is Not Acceptable) 1720 MEL O DEE LANE **ENGLEWOOD FL 34224** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME BOTELHO, ERIC NAME STREET ADDRESS STREET ADDRESS 1720 MEL O DEE LANE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 Change ☐ Delete TITLE ☐ Addition TITLE NAME BOTELHO, DAWN NAME STREET ADDRESS STREET ADDRESS 1720 MEL O DEE LANE CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** ☐ Change _ ☐ Addition ☐ Delete TITLE . TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #