2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90127 017 ***558.75

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DOCUMENT # P99000093170

1. Entity Name
IT'S YOUR CHOICE LAWN CARE & LANDSCAPE SERVICE,

(LA)

C0072834

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5775 PENDLEBURY COURT PORT ORANGE FL 32127	5775 PENDLEBURY COURT PORT ORANGE FL 32127

2. Principal Place of Business	3. Mailing Address
150 Country Circle DR. West	150 Country Circle DR. West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach	City & State: Daytona Beach
Zip: 32128 Country:	Zip: 32128 Country:

4. FEI Number 59-3602929 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HIGBEE, KATHLEEN T
5775 PENDLEBURY COURT
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: Sharp, Kathleen T
Street Address (P.O. Box Number is Not Acceptable): 150 Country Circle DR. West
City: Daytona Beach FL Zip Code: 32128

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 Kathleen T Sharp Kathleen T Sharp 7-07-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIGBEE, KATHLEEN T 5775 PENDLEBURY COURT PORT ORANGE FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sharp, Kathleen T 150 Country Circle Dr. West Daytona Beach FL 32128	☑ Change ☐ Addition
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CR2E034 (5/01)

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 REQUIRED Kathleen T Sharp 7-07-01 386-290-5213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #