

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V29043**

1. Entity Name

A PERSONAL TOUCH LAWN SERVICE, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90045 028 ***150.00

Principal Place of Business

**3266 RED BLUSH WAY
NAPLES FL 34120
US**

Mailing Address

**3266 RED BLUSH WAY
NAPLES FL 34120
US**

646236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**311 25th ST SW
Suite, Apt. #, etc.**

3. Mailing Address

**PO BOX 990219
Suite, Apt. #, etc.**

City & State

NAPLES, FL

City & State

NAPLES FL

4. FEI Number **65-0316168**

Applied For

Not Applicable

Zip

Country

Zip

Country

34117 FLA

34116 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEZAN, NICK
3266 RED BLUSH WAY
NAPLES FL 33964**

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.

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, 2001 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

TITLE ☐ Delete
NAME **D PEZAN, NICK**
STREET ADDRESS **3266 RED BLUSH WAY**
CITY-ST-ZIP **NAPLES FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PEZAN NICK**
STREET ADDRESS **311 25th ST SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK PEZAN PRES

Date

Daytime Phone #

4-23-01

941-353-3134

CR2E034 (10/00)