

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90070 050 ***150.00

0081291 AV

DOCUMENT # P01000040420

1. Entity Name

TROPICAL LAWN CARE SERVICE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**10286 ENOCH LANE
 BONITA SPRINGS FL 34135-7627**

Mailing Address

**PO DRAWER 60205
 FORT MYERS FL 33906**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3713669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D JR
 12670 NEW BRITTANY BLVD SUITE 101
 FORT MYERS FL 33907**

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, 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

TITLE **D** ☐ Delete
 NAME **PORTER, WILBURN W**
 STREET ADDRESS **10286 ENOCH LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135-7627**

TITLE **D** ☐ Delete
 NAME **PORTER, MICHELLE D**
 STREET ADDRESS **10286 ENOCH LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135-7627**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP, S, T** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Wilbur W Porter, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02
 Date

941-454-0212
 Daytime Phone #

CR2E034 (9/01)