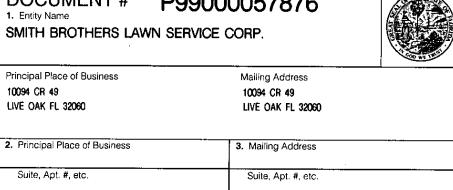
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000057876





1. Entity Name SMITH BROTHERS LAWN SERVICE CORP.							01-15-2003 90194 025 ***150.00			
Principal Pla- 10094 CR 49 LIVE OAK FL		s	1009	Mailing Address 10094 CR 49 LIVE OAK FL 32060			L LABORADA MALADAKA PANKADAKA ABAKA ABAKA ABAKA ABAKA ABAKA ABAKA		4818 8 00 1888	
2. Principal I	Place of Busin	ness	3. Mai	3. Mailing Address						
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	& State		4.	4. FEI Number 59-3584243 Applied For Not Applicable			
Zip Country			Zip		Country	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	and Address of	Current Registere	ed Agent -		- -7.	Name and Address of New Registered Ag	ent			
SMITH, LISA M					Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
10094 CR 49 LIVE OAK FL 32060									· ·	
					City	*				
8. The above the obliga	e named entity tions of regist	y submits this stated ered agent.	tement for the purp	ose of changing its	registered office or reg	istered ag	gent, or both, in the State of Florida. I am fam		and accept	
SIGNATURE	Signature, typed	or printed name of regis	tered agent and title if app	blicable. (NOTE	E: Registered Agent signature rec	quired when re	einstating) DATE	03		
Afte	r May 1, 200	! FEE IS \$150 3 Fee will be \$ 5 Florida Depart	550.00				9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.		OFFICE	RS AND DIRECTO	RS	11.	ÁD	DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SMITH, TIN 10094 CR LIVE OAK	MOTHY J 49		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	710] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JE 10094 CR LIVE OAK	49		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LIS 10094 CR LIVE OAK	49		Delete	NAME STREET ADDRESS CITY-ST-ZIP		·· · · · · · · · · · · · · · · · · · ·	Change	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
12. I hereby o	ertify that the	information supp	lied with this filing	does not qualify for	the exemption stated in	Section 1	119.07(3)(i), Florida Statutes. I further certify	hat the inf	ormation	

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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

EEDING:37