2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am § Secretary of State F82582 DOCUMENT # 1. Entity Name 05-21-2002 91193 022 ***158 LOPEZ LAWN SERVICE AND MAINTENANCE, INC. Principal Place of Business Mailing Address 4420 JOG ROAD 4420 JOG ROAD LAKE WORTH FL 33467-4151 LAKE WORTH FL 33467-4151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2241472 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ, EDWIN Street Address (P.O. Box Number is Not Acceptable) 4420 JOG ROAD. LAKE WORTH FL 33467 Zip Code City 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1T TITLE ☐ Delete TITLE Change Addition LOPEZ, EDWIN NAME NAME STREET ADDRESS 4420 JOG ROAD STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP · 🔲 Addition ☐ Delete TITLE Change NAME LOPEZ, FRANCES NAME 4420 JOG ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Addition ☐ Change — TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition .NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #

FILED