2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

G75987

1. Entity Name

QUALITY LAWN, INC.

SIGNATURE /



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90180 005 ***150.00

Principal Place of Business P.O. BOX 220292 HOLLYWOOD FL 33022		Mailing Address P.O. BOX 220292 HOLLYWOOD FL 33022									
2. Principal Place of Business		3. Mailing Address					ejeji bibli	 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES					
City & State		City & State		4 . F	50-236(Q(E)			olied For Applicable	ļ		
Zip	Zip Country Zip		Coun		5 . C	Certificate of Status Desired			.75 Additional Required		
	6. Name and Address of Current	Registered Agent	tegistered Agent			7. Name and Address of New Registered Agent					
	-		Name								
CULL, ROI 2223 HAYI	Bert J. Es street	Street Address			(P.O. B	(P.O. Box Number is Not Acceptable)					
	OD FL 33020										
				City			FL	Zip Code			
the obligati	named entity submits this statement for one of registered agent.	or the purpose of changing its	registere	ed office or regist	ered age	ent, or both, in the State of Florida.	i am fan	niliar with, a	and accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature requi	red when re	instating)	DATE				
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				Election Campaign Financi Trust Fund Contribution.	ng 🗆		May Be to Fees		
10.	OFFICERS AND	ICERS AND DIRECTORS		11.		DITIONS/CHANGES TO OFFICER	S AND D	RECTORS		ء ا	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CULL, ROBERT J. 2223 HAYES ST HOLLYWOOD FL	☐ Delete		i			Г	_ Change	☐ Addition	F034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULL, ROBERT J. 2223 HAYES STREET HOLLYWOOD FL	☐ Delete					C	Change	Addition	B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			[Change	Addition		
TITLE NAME STREET ADDRESS		☐ Delete						Change	Addition	==	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAMI STRE			,	[Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	So !	□ Delete	CITY	E EET ADDRESS -ST-ZIP				Change	Addition		
12. I hereby of indicated of the corphanged	pertify that the information supplies with on this report or supplemental seport poration or the receiver of trustee employed or on an attachment with a laddress	th this filing does not qualify for is true and accurate and that bowered to execute this report with all other like empowered	or the exe my signa t as requi t.	mption stated in ture shall have th red by Chapter 6	Section le same 307, Flori	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath; da Statutes; and that my name ap	her certify that I am bears in E	y that the ir I an officer Block 10 or	nformation or director Block 11 if		