

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90339 018 \*\*\*150.00

**DOCUMENT # G78014**

1. Entity Name

**A-1 MOWER OF CHARLOTTE COUNTY, INC.**

Principal Place of Business

**4078 TAMiami TR  
 PORT CHARLOTTE FL 33952  
 US**

Mailing Address

**23440 JANICE AVENUE  
 C/O PRO-POWER EQUIPMENT  
 CHARLOTTE HARBOR FL 33980  
 US**

00070483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2355441**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGREATY, WILFRED S  
 23440 JANICE AVE  
 PORT CHARLOTTE FL 33952**

Name **WILFRED S MCGREADY**

Street Address (P.O. Box Number is Not Acceptable)

**23440 JANICE AVE**

City **PORT CHARLOTTE** **FL** Zip Code **33980**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete  
 NAME **MCGREADY, MARY J**  
 STREET ADDRESS **23440 JANICE AVENUE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VICE PRESIDENT TREASURER** ☒ Change ☐ Addition  
 NAME **MARY J MCGREADY,**  
 STREET ADDRESS **23440 JANICE AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **VS** ☐ Delete  
 NAME **MCGREADY, WILFRED S**  
 STREET ADDRESS **23440 JANICE AVENUE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **PRESIDENT / SECRETARY** ☒ Change ☐ Addition  
 NAME **MCGREADY, WILFRED S**  
 STREET ADDRESS **23440 JANICE AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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: **Wilfred S McGready** **WILFRED S MCGREADY** 3/30/02 941-627-8822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)