

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90120 043 ***150.00

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DOCUMENT # H05715			
1. Entity Name W.T.'S LAWN & POOL SERVICE, INC.			
Principal Place of Business % WILLIAM R. SCHENDEN 11376 SHILOH WAY BOCA RATON FL 33428-1134		Mailing Address % WILLIAM R. SCHENDEN 11376 SHILOH WAY BOCA RATON FL 33428-1134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2424875		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHENDEN, WILLIAM R. 11376 SHILOH WAY BOCA RATON FL 33428		7. Name and Address of New Registered Agent Name WILLIAM R. SCHENDEN Street Address (P.O. Box Number is Not Acceptable) 6379 BAY CLUB DRIVE APT #1 BLOC #11 City FT. LAUDERDALE FL Zip Code 33308	
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 <i>William R. Schenden</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3-15-02 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENDEN, WILLIAM R. 11376 SHILOH WAY BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM R. SCHENDEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6379 BAY CLUB DRIVE APT #1 FT. LAUDERDALE, FL 33308 BLOC #11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENDEN, TIM 11376 SHILOH WAY BOCA RATON FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHENDEN, WILLIAM T 11376 SHILOH WAY BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William R. Schenden* **3-15-02** **561 483-7287**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)