


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 035 ***150.00

DOCUMENT # H05715	
1. Entity Name W.T.'S LAWN & POOL SERVICE INC.	

DO NOT WRITE IN THIS SPACE

50055816

2. Principal Place of Business 6379-1 BAY CLUB DR.		3. Mailing Address 6379-1 BAY CLUB DR.	
Suite, Apt. #, etc. APT #1		Suite, Apt. #, etc. APT #1	
City & State FT. LAUDERDALE		City & State FLORIDA	
Zip 33308	Country BROWARD	Zip 33308	Country BROWARD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2424875		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name WILLIAM R. SCHENDEN		
Street Address (P.O. Box Number is Not Acceptable) 6379-1 BAY CLUB DR.			
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William R. Schenden* **OWNER** 7/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM R. SCHENDEN PRES. 6379-1 BAY CLUB DRIVE FORT LAUDERDALE, FL. 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TIMOTHY B. SCHENDEN V. PRES 4026 N.W. 65TH AVE CORAL SPRINGS, FL 33087	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUNG L. SCHENDEN SEC. 6379-1 BAY CLUB DR. FORT LAUDERDALE, FL. 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *William R. Schenden* **WILLIAM R. SCHENDEN** 7/11/05 954-938-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

H05718
50055816

W.T. LANDSCAPE MAINTENANCE
6379-1 BAY CLUB DRIVE
FT. LAUDERDALE, FL 33308

IMP

Request taken by: Isellers
07-01-2005

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

I AM SENDING A CHECK FOR \$150.00
BECAUSE I NEVER RECEIVED THE ORIGINAL
FORM. I HAVE BEEN IN BUSINESS FOR
OVER 20 YEARS IN FLORIDA AND NEVER MISSED
A FILING.

THANK YOU,
Will R. Ph. D.