## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State H52867 DOCUMENT # 1. Entity Name 05-28-2002 91687 042 \*\*\*150.00 BAUER'S LAWN MAINTENANCE AND NURSERY, INC. Mailing Address Principal Place of Business 10475 RIVERSIDE DRIVE 10475 RIVERSIDE DR PALM BEACH GARDENS FL 33470 PALM BEACH GARDENS FL 33410 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2509755 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUER, KIMM Street Address (P.O. Box Number is Not Acceptable) 2985 RANCG ACRES CIR. JUPITER FL 33478 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME BAUER, KIMM LOU NAME STREET ADDRESS 2985 RANCH ACRES CIR STREET ADDRESS JUPITER FL 33478 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME BAUER, YOKO L. STREET ADDRESS 2985 RANCH ACRES CIR STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME BAUER, JULIE NAME STREET ADDRESS STREET ADDRESS 2985 RANCH ACRES CIR CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

**FILED**