

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90372 041 \*\*\*150.00

DOCUMENT # H72723

1. Entity Name

GRASSHOPPER LAWN MAINTENANCE AND LANDSCAPING, IN

Principal Place of Business

15551 OKEECHOBEE BLVD  
LOXAHATCHEE FL 33470  
US

Mailing Address

~~1445 LONGLEA TERR.  
WELLINGTON FL 33414~~

NEW ADDRESS

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5741 S.W. MAPP RD.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

4. FEI Number 59-2581385

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LESERRA, JIM

~~1445 LONGLEA TERR.  
WELLINGTON FL~~

5741 S.W. MAPP RD.  
PALM CITY, FL  
34990

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 PD ☐ Delete  
NAME LESERRA, JIM  
STREET ADDRESS ~~1445 LONGLEA TERR.~~ 5741 S.W. MAPP RD.  
CITY-ST-ZIP WELLINGTON FL PALM CITY, FL

TITLE ☒ Change ☐ Addition  
NAME 5741 S.W. MAPP RD.  
STREET ADDRESS PALM CITY, FL 34990  
CITY-ST-ZIP

TITLE VST ☐ Delete  
NAME LESERRA, JILL  
STREET ADDRESS ~~1445 LONGLEA TERR.~~  
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ Change ☐ Addition  
NAME 5741 S.W. MAPP RD.  
STREET ADDRESS PALM CITY, FL 34990  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DUSTIN, LESERRA  
STREET ADDRESS ~~1445 LONGLEA TERR.~~  
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ Change ☐ Addition  
NAME 5741 S.W. MAPP RD.  
STREET ADDRESS PALM CITY, FL 34990  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CORY LESERRA  
STREET ADDRESS ~~1445 LONGLEA TERR.~~  
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ Change ☐ Addition  
NAME 5741 S.W. MAPP RD.  
STREET ADDRESS PALM CITY, FL 34990  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01 564-219-4547

Date

Daytime Phone #

CR2E034 (10/00)