

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90160 038 ***150.00

DOCUMENT # H95786

1. Entity Name
MARSHALL'S LAWN CARE, INC.

Principal Place of Business
606 W. INDUSTRIAL AVENUE
BOYNTON BEACH FL 33426

Mailing Address
606 W. INDUSTRIAL AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2760411**

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

MARSHALL, MICHAEL
1112 N.W. 7TH STREET
BOYNTON BEACH FL 33426

CHANGE

Name **MARSHALL MICHAEL**

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

5400 CANAL DR

LAKE WORTH, FL

City

FL

Zip Code **33463**

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	P	<input type="checkbox"/> Delete
NAME	MARSHALL, MICHAEL	
STREET ADDRESS	1112 N.W. 7TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEADOWS, MARK	
STREET ADDRESS	5688 MELELUA	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL MICHAEL	
STREET ADDRESS	5400 CANAL DR	
CITY-ST-ZIP	LAKE WORTH FLA 33463	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOWS, MARK	
STREET ADDRESS	4797 Canal Drive	
CITY-ST-ZIP	LAKE WORTH FLA 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Marshall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 *561-738-0232*
 Date Daytime Phone #

CR2E034 (9/01)