## **/2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 15, 2001 8:00 am Secretary of State DOCUMENT # **J21461** FLORIDA LAWN & GARDEN, INC. 03-15-2001 90196 043 \*\*\*150.00 Principal Place of Business Mailing Address 9005 SOUTHERN BLVD. 9005 SOUTHERN BLVD WEST PALM BEACH FL 33411 171 BOBWHITE ROAD UUU25408 WEST PALM BEACH FL 33411-3625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2701069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, RONALD D. Street Address (P.O. Box Number is Not Acceptable) 171 BOBWHITE ROAD **ROYAL PALM BEACH FL 33411** Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign; Financing **>> \$5.00** May Be<sup>-</sup> Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete **C**hange Addition BROWN, RONALD D. NAME NAME 8711 TREASURE CAY STREET ADDRESS 171 BOBWHITE ROAD STREET ADDRESS West Palm Beach Fl. CITY-ST-ZIP CITY-ST-ZIP 334*11* ROYAL PALM BEACH FL ☐ Delete NAME BROWN, SUSAN J. NAME STREET ADDRESS 171 BOBWHITE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Change ☐ Addition TITLE S ☐ Delete TITLE NAME HARVEY, ROBERT\_B NAME STREET ADDRESS 14841 - 97TH RD NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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: .

Bun SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susaw J. Brown 2/2/01 561-7936530

**FILED**