2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003
Secretary of State

DOCUMENT# J47927

Entity Name: WILSON LAWN CARE, INC.

Current Principal Place of Business:

14970 NORMANDY BLVD.
JACKSONVILLE, FL 322349402

New Principal Place of Business:

Current Mailing Address:

14970 NORMANDY BLVD.
JACKSONVILLE, FL 322349402

New Mailing Address:

FEI Number: 59-2755029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MELONEY JEAN
14970 NORMANDY BLVD.
JACKSONVILLE, FL 32234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WILSON, DOUGLAS B
Address: 14970 NORMANDY BLVD.
City-St-Zip: JACKSONVILLE, FL 32234

Title: VPS ( ) Delete
Name: WILSON, MELONEY J
Address: 14970 NORMANDY BLVD.
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELONEY J. WILSON VPS 04/09/2003

Electronic Signature of Signing Officer or Director — Date