2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L00367 DOCUMENT

1. Entity Name

DON'S LAWN MAINTENANCE. INC



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90036 017 ***150.00

ON CHANGE INVESTIGATION OF THE CONTRACT OF THE					'					
Principal Place of Business *DONALD P CAMPBELL 2230 BUTCH CASSIDY TRAIL MIMAUMA FL 33598		= - :	%DONALD P CAMPBELL 2230 BUTCH CASSIDY TRAIL							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					#1011 B1011 #10	}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 59-2959559 Applied For Not Applicable				
Zip Country		Zip	Zip Count			Certificate of Status Desired	S8.75 Additional Fee Required			
6	. Name and Address of Curr	ent Registered Agent			7. N	ame and Address of New R	egistered Ag	jent		
CAMPBELL, DONALD P 2230 BUTCH CASSIDY TRAIL				Name Street Address (P.O. Box Number is Not Acceptable)						
WIMAUMA FL				City				Zip Code	Δ	
				,			FL] '		
8. The above name the obligations	ned entity submits this stateme of registered agent.	nt for the purpose of changir	ng its registere	ed office or regist	ered age	ent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURESigna	ature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered	d Agent signature requi	red when rei	nstating)	DATE			
After Ma	NOW!!! FEE IS \$150.00 y 1,2003 Fee will be \$550 yable to Florida Departmen	00 it of State			5350 Barrier 5355 733 -	9. Election Campaign Fir Trust Fund Contribution	n. 🗆 🗆	Added	May Be I to Fees	
10.	OFFICERS A	AND DIRECTORS! 🔑 🔠	11 de 1	n, "Mail	(A) PADI	DITIONS/CHANGES:TO OFF				겢
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12. I hereby certifindicated on too of the corpora changed, or constant to the corporation of the corporatio	fy that the information supplied this report or supplemental rep ation or the receiver or trusted on an attachment with an activ	win this filing does not qua or intrue and accurate and inpowers to execute this re ess with all other like empow	lify for the exe that my signa eport as requi vered.	mption stated in ture shall have th red by Chapter 6	Section se same l 07, Florid	119.07(3)(i), Florida Statutes. egal effect as if made under da Statutes; and that my nam	I further certi path; that I ar e appears in	fy that the in an officer Block 10 o	nformation or director r Block 11 if	

SIGNATURE:

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