

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90078 013 \*\*\*\*\*50.00

0052080

**DOCUMENT # L01000013161**

1. Entity Name

**PLUSH LAWN & UPKEEP SERVICES, LLC**



Principal Place of Business

**780 OSAGE AVE  
MELBOURNE FL 32935**

Mailing Address

**780 OSAGE AVE  
MELBOURNE FL 32935**

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 **59-3741538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMAS, CURTIS J  
780 OSAGE AVE  
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, CURTIS J</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, KATHERINE N</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, CURTIS J</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, CURTIS J</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, CURTIS J</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMAS, CURTIS J</b>	
STREET ADDRESS	<b>780 OSAGE AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	

10. ADDITIONS/CHANGES

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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Signature of Thomas J. Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**5-1-03**

Daytime Phone #

**321-536-4925**

CR2E083 (10/02)