

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

0011960

DOCUMENT # L01000018766

1. Entity Name

PRECISION LAWN PRODUCTS, LLC

09-15-2002 90090 001 ****50.00

Principal Place of Business

Mailing Address

196 BLUFF VIEW DRIVE
 BELLEAIR BLUFFS FL 33770

196 BLUFF VIEW DRIVE
 BELLEAIR BLUFFS FL 33770

2. Principal Place of Business

3. Mailing Address

145 Factory Street

145 Factory Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ronda NC

City & State

Ronda NC

4. FEI Number

59-375 3250

Applied For

Not Applicable

Zip

NC

Country

USA

Zip

28670

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AYLWARD, ROBERT E
600 SOUTH MAGNOLIA AVE.
TAMPA FL 33606

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE *Managing Member* Delete
 NAME *Alfred Vincelli*
 STREET ADDRESS *196 Bluff View Drive*
 CITY-ST-ZIP *Belleair Bluffs FL 33770*

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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]
 SIGNATURE REQUIRED

Date

Daytime Phone #

336 527-4140

CR2E083 (4/02)