2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L66017 1. Entity Name KAUFFMAN LAWN SERVICE, INC.					Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90060 049 ***150.00			
Principal Place of Business % LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471 US		Mailing Address % LLOYD E. KAUFFMAN 818 S E 34TH TERRACE OCALA FL 34471 US						
2. Principal Place of Business 3. Mailing Address				1 10011011 DIP DIVID DINF BOLDE HAN (BOA DID!) DIBH DIBH DIBH DIBH DIBH DIBH DIBH DIBH		(1811 B1811 1881		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS S	SPACE		
City & Sta	ite	City & State		4.	FEI Number 59-3001870		pplied For lot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registered A	gent		
KAUFFMA 818 S.E. : OCALA F	Name Street Addr	Name Street Address (P.O. Box Number is Not Acceptable)						
OONEN 1 E 0207 1			City	City FL Zip Code				
8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered office or re	gistered ag				
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature re	equired when re	einstating) DATE			
Tax filing requirement and elects to do so. After May 1, 20			FEE IS \$150.00 Fee will be \$550.00 to Department of State 10. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.					
11.	OFFICERS AND D	RECTORS	12.	AD	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, LLOYD E. 818 SE 34TH TERR OCALA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAUFFMAN, MARY B. 818 SE 34TH TERR OCALA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the cor		ered to execute this report as	signature snail nave required by Chapter	the same I r 607, Floric	19.07(3)(i), Florida Statutes. I further certi egal effect as if made under oath; that I ar da Statutes; and that my name appears in 3. KAUFFMAN			

Anward

SIGNATURE: