

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90146 033 ***150.00

DOCUMENT # M56080

1. Entity Name
EXCELLENT LAWN SERVICE, INC.



Principal Place of Business
**6701 LEE ST
HOLLYWOOD FL 33026**

Mailing Address
**PO BOX 6281
HOLLYWOOD FL 33081**

22000617



2. Principal Place of Business

3. Mailing Address

**3945 FERN FOREST RD
Cooper City FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2825813**

Applied For
Not Applicable

Zip

Country

Zip

Country

33026 Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEMAN, ENRIQUE
6845 FERN FOREST RD
HOLLYWOOD FL 33026**

Name

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

3945 FERN FOREST RD

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **ALEMAN, ENRIQUE**
STREET ADDRESS **3945 FERN FOREST RD**
CITY-ST-ZIP **HOLLYWOOD FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ALEMAN, HENRY**
STREET ADDRESS **6701 LEE ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ALEMAN, THERESE L**
STREET ADDRESS **3945 FERN FOREST RD**
CITY-ST-ZIP **HOLLYWOOD FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/30/03 9545381004

Date

Daytime Phone #

CR2E034 (10/02)