Daytime Phone #

SIGNATURE: X SIGNATURE AND TYPED OR PR

200 ⁻	1 UNI	FOR	RM BUSI	NESS REI	PORT	(UBI	R)			LED				
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M73899									Aug 21, 2001 8:00 am Secretary of State					
1. Entity Name A M LAWNSCAPING, INC.								08-21-2001 90029 002 ***150.00						
7 W 57W		iO, ii4	J.			/	(IR)		08-21-2001 90	1029 002	130.0	<i>5</i> 0		
•	ce of Business	S		Mailing Address										
1934 PICCADILLY CIR % A ACCOUNTING GROU CAPE CORAL FL 33991 2407 E MALL DR											,			
US FT MYERS FL 33901														
			US											
2. Principal F	Place of Busin		3. Mailing Address				Į.		1016 03021 01017	#4841 B1814 B	IDIF BYDYI FBBI			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State				City & State				4. FEI N	umber 65-0048641		⊢	oplied For ot Applicable	7	
Zip 	Country			Zip	ntry	5. Certificate of Status Desired \$8.75 Ade Fee Require								
	6. Name	and Add	dress of Current R	egistered Agent		1		7. Name	and Address of New Re	gistered Ag	ent	ومسترد المساوري	7	
MASON. I	RICHAR					Name								
1934 PICCADILLY CIRCLE					Street Address (P.O. Box Number is Not Acceptable)									
CAPE CO	RAL FL 339	91												
						City				FL	Zip Cod	e		
8. The above	named entity	submits /	this statement for	the purpose of changin	g its register	ed office or	registered	agent, o	or both, in the State of Flor	ida.			٦.	
SIGNATURE														
SIGNATURE	Signature, typed	or printed na	ame of registered agent an	d title if applicable.	(NOTE: Registere	ed Agent signat	ure required wh	en reinstatin	ng)	DATE				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE								10	. Election Campaign Fina	ncina	\$5.0	0 May Be	7	
Tax filing requirement and elects to do so. (See criteria on back)				After September 12, 2001 Fee will be \$750.0 Make Check Payable to Department of Stat					Trust Fund Contribution			to Fees		
11.			OFFICERS AND D	IRECTORS	12.			ADDITIO	DMS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 11].	
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of the corp	poration or the	or suppi e receive	emental report is tr or trustee empow	ered to execute this re	y for the exer nat my signat port as required	ture shall ha red by Cha	eve the sam pter 607, Fl	ne legal e orida Sta	7(3)(i), Florida Statutes. I fi effect as if made under oa atutes; and that my name :	urtner certify th; that I am appears in B	nat the in an officer lock 11 or	rormation or director Block 12 if		