2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M91755 **DOCUMENT #**

1. Entity Name

BOKO LAWN, INC.

Principal Place of Business

% STELLA BOKOLAS

BOCA RATON FL 33431

500 N E 35TH ST



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

02-03-2003 90110 047 ***150.00

Mailing Address % STELLA BOKOLAS	
500 N E 35TH ST	

BOCA RATON FL 33431

Site, Apt # etc. Suite, Apt #, etc. City & State Section of State Dealed Section of	Principal Place of Business 3. Mailing Address					- \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
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Country Zip Country Zip Country S. Cerificate of Shruss Desired S. S. Actions	Suite, Apt. #, etc. Suite, Apt. #, etc.										
S. Certificate of Station Deserved 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State City & State				4. El (40) DOL RE-NOCA (977)						
BOKOLAS, STELLA 500 N E 3STH ST BOCA RATON FL 33431 8. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with advanced agent with an explanation of registered agent and of registered agent with an explanation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, an	Zip	Country Zip Cour				try					
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida statutes. Find 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 eath; 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:

Daytime Phone #