

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M98000000973**

1. Entity Name

CENTEX HOMETEAM LAWN CARE, LLC

Principal Place of Business

**2728 NORTH HARWOOD
DALLAS TX 75201-1516**

Mailing Address

**P.O. BOX 199000
CORP. TAX DEPT.
DALLAS TX 75219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HIRSCH, LAURENCE E
2728 NORTH HARWOOD
DALLAS TX 75201-1516** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMERGE, RAYMOND G
2728 NORTH HARWOOD
DALLAS TX 75201-1516** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**400004367314--0
-06/06/01--01039--016
*****50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SWARTZ, ROBERT M
2728 NORTH HARWOOD
DALLAS TX 75201-1516** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2001 JUN -7 AM 11:02

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2777247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required