

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012346

1. Entity Name  
OUTDOOR SERVICES FERTILIZATION, INC.

Principal Place of Business  
1032 CHATHAM PINES CIR.  
APT #210  
WINTER SPRINGS FL 32708

Mailing Address  
POST OFFICE BOX 195368  
WINTER SPRINGS FL 32719

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED  
May 20, 2002 8:00 am  
Secretary of State

05-20-2002 90046 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3626577 Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JORGENSEN, PATRICK E  
9897 LAKE GEORGIA DRIVE  
ORLANDO FL 32817

Name Donald J. Kling

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

1032 Chatham Pines Cir #210

City Winter Springs FL Zip Code 32708

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

4-26-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, PATRICK E 9897 LAKE GEORGIA DRIVE ORLANDO FL 32817	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLING, DONALD J 1032 CHATHAM PINES CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald J. Kling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

407-668-0759

Date

Daytime Phone #