

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90097 002 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000012868

1. Entity Name
AFFORDABLE LAWN CARE SERVICES, INC.



Principal Place of Business

8311 ADOBE AVENUE

ENGLEWOOD FL 34224

860 TEXAS ST.

ENGLEWOOD FL 34223

Mailing Address

8311 ADOBE AVENUE

ENGLEWOOD FL 34224

860 TEXAS ST

ENGLEWOOD FL 34223

2. Principal Place of Business

860 TEXAS ST

3. Mailing Address

860 TEXAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number

65-0998061

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLTIS, PETER

8311 ADOBE AVENUE

ENGLEWOOD FL 34224

860 TEXAS ST

ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

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

860 TEXAS ST

City

ENGLEWOOD

FL

Zip Code

34223

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

Peter Soltis
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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

TITLE PSTD
NAME SOLTIS, PETER
STREET ADDRESS 8311 ADOBE AVE
CITY-ST-ZIP 860 TEXAS ST
ENGLEWOOD FL 34224
ENGLEWOOD FL 34223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
860 TEXAS ST
ENGLEWOOD, FL 34223

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 lists empowered.

SIGNATURE:

Peter Soltis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

759-0622

Daytime Phone #

CR2E034 (10/02)