Apr 16, 2002 8:00 am § Secretary of State

04-16-2002 90046 020 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014427 1. Entity Name SUPERIOR LAWN SERVICE OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

3845 N. CALUMET TERRACE HERNANDO FL 34442

3845 N. CALUMET TERRACE HERNANDO FL 34442

Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 59-3625802 Applied For Not Applica		plied For t Applicable	
Zìp	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FULTZ, D	Name  Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)						
3845 N. C								
HERNAND	}							
			City			FL Zip Code		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Register  9. This corporation is eligible to satisfy its intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After May 1, 2002 Fee  Make Check Payable to D			Pree will be \$550.00	0	10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND E	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FULTZ, DANIEL B 3845 N. CALUMET TERRACE HERNANDO FL 34442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULTZ, DANIEL B 3845 N. CALUMET TERRACE HERNANDO FL 34442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition